

**MISSOURI
CHILD FATALITY REVIEW PROGRAM
ANNUAL REPORT 1997**



***Multi-disciplinary
Investigators of Child Abuse***

December 1998

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CHILD FATALITY REVIEW PROGRAM
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**MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES**

STATE TECHNICAL ASSISTANCE TEAM
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Department of Social Services

Mission Statement

To maintain or improve the quality of life for the people of the state of Missouri by providing the best possible services to the public, with respect, responsiveness and accountability, which will enable individuals and families to better fulfill their potential.

Child Fatality Review Program

Mission Statement

To promote more accurate identification and reporting of childhood fatalities, through local child fatality review panels, which will enable development of prevention strategies to address identified trends and patterns of risk, and improve coordination of services for the children and families of the state of Missouri.

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MISSOURI CHILD FATALITY REVIEW PROGRAM

BACKGROUND

In 1989, a cooperative study conducted by the Departments of Social Services and Health and the University of Missouri found that a significant number of child deaths (birth through age five) were not being accurately reported. The study revealed the causes of death were also not being adequately investigated or identified. As a result, a task force was appointed in August 1990 by Gary Stangler, Director of the Department of Social Services, to further study child fatalities. The task force made recommendations that became the basis for House Bill 185 (HB 185) which established a statewide, county-based system of child fatality review panels. This bill passed and became law (RSMo 210.192) effective August 28, 1991, and was implemented on January 1, 1992.

The law requires that every county in Missouri, and the City of St. Louis, establish a multi-disciplinary Child Fatality Review Program (CFRP) panel to examine the deaths that occur in Missouri of all children from birth through age 14. Effective January 1, 1995, the program population was expanded to include children through age 17. Under CFRP, counties have been grouped into regions, with regional coordinators (who live and have primary jobs in the regions they represent). Regional coordinators offer oversight, technical assistance and systematic evaluation to the counties in their region. The State Technical Assistance Team (STAT) assists the regions and the individual CFRP panels with training and investigative assistance. An appointed state panel, whose membership reflects the multi-disciplinary nature of the county panels, provides oversight and makes recommendations for change and refinement.

The law established a mechanism for the legal exchange of information between cooperating disciplines and agencies. If the death of a child meets specific criteria, it is referred to the county's CFRP panel. Unlike an inquest, no vote or consensus of opinion is sought at the conclusion of the panel review. Deaths reviewed by CFRP panels do not constitute an attempt to criminalize child deaths. Rather, the panels examine reasons for child deaths and ways to prevent them.

CFRP panels consist of local community professionals who attempt to identify the causes and circumstances surrounding the deaths of children by bringing their own expertise and skills to the review. The value of the panel's work is measured by the improvement in the services provided by the individual participating disciplines. The collection and interpretation of findings of a comprehensive review of child fatalities by each county can be used to determine trends, target prevention strategies, identify specific family/community needs or, when appropriate, support criminal justice intervention. The findings of each CFRP panel review are sent to STAT where they become valuable, retrievable statistics linked to birth and death data, as well as reports to the Division of Family Services, Child Abuse/Neglect hotline.

Identification of reasons for child deaths can lead to possible prevention methods. However, specific case details are never divulged or discussed beyond review. Reviews are not open to the public. Each panel and its members are advocates for the health and welfare of every child in their community; this

includes the reasonable preservation of privacy.

Regional in-service training is conducted annually. Individual panel training, both scheduled and upon county request, is provided as necessary. STAT also makes CFRP-related presentations to professional and community/civic organizations.

STATE TECHNICAL ASSISTANCE TEAM

Beginning as an implementation team for the Child Fatality Review Program, the State Technical Assistance Team (STAT) is a children's response unit of integrated, managed services. STAT's programs and partnerships enhance child protection at the community level while being minimally intrusive to victims, families and others. An organized, coordinated and timely evaluation of a child's death is a benefit to every level of the investigative process. The Missouri model is based on concurrent panel review versus retrospective review as a means of positively reinforcing each involved discipline's mandates.

To address the volume and complexity of child death-related issues in the major urban areas (Jackson County, St. Louis County and St. Louis City), individual urban models were created to address special requirements. While these panels do not have individual meetings for each death, they have information gathering and communication systems that, in fact, make their reviews immediate and concurrent.

Because the demands of the three major urban panels are so great, the Division of Family Services provides full-time staffing to support their efforts. The Urban Case Coordinator (UCC) positions were created with the sole purpose of assisting the urban panels to meet their program objectives. Beyond offering staff assistance to the panels, the UCC coordinates community services and programs to benefit children and families and to reduce initial and repeat fatalities in the highest risk settings. This follow-up approach encourages the integration and coordination of services from the entire spectrum of community agencies.

Beyond the fatality and sexual abuse programs, STAT is perceived by many as an "omni-source" of information for the entire multi-disciplinary community of professionals dealing with child abuse and neglect events. The unit includes seven centralized positions (unit manager, technical investigator, four field investigators and one clerical position) and three "outposted" Urban Case Coordinators. The responsibilities of the unit are described below:

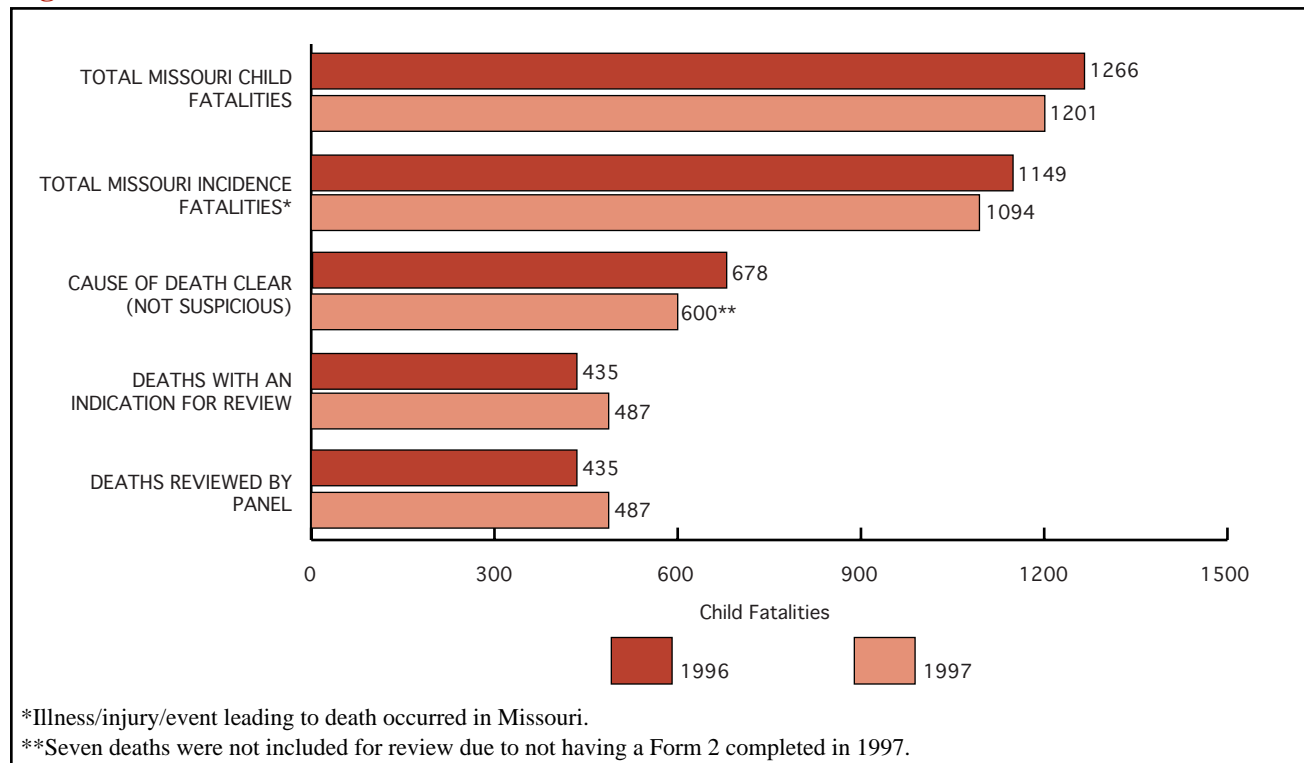
- Implement, support and institutionalize the Child Fatality Review Program (RSMo 210.192).
 - Develop and support an efficient and effective delivery system (regional coordinators, urban case coordinators, state child fatality review panel, etc.).
 - Train and maintain 115 county-based child fatality review panels.
 - Provide services and assistance to the panels and individual panel members when requested.
 - Collect information and data to identify patterns posing risks to children.

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- Encourage communities, organizations and agencies to develop deterrent and prevention strategies to reduce injuries and child fatalities.
 - Organize and develop multi-disciplinary teams to investigate serious sexual abuse involving children (HB 1370 RSMo 660.520, 210.110 et seq).
 - Organize and train multi-disciplinary teams throughout the state.
 - Provide expertise and direct assistance in cases meeting criteria for involvement.
 - Be an accessible and responsive information resource (24 hours a day, 365 days a year, via 800 number, pagers, on-call investigators) to the entire investigative community including DFS, law enforcement, coroner/medical examiners, prosecutors, juvenile court staff, and health professionals.
 - Answer specific procedural questions relative to the child fatality and sexual abuse programs.
 - Provide referral, technical and informational support (literature searches, medical consults, prosecution support, etc.) concerning all types of child maltreatment including physical abuse and other incidents outside the fatality and sexual abuse programs. STAT recognizes that many child fatalities are the end result of uninterrupted patterns of abuse and neglect.
 - Utilize data gathered from actual cases to demonstrate the predictability and preventability of childhood injuries and fatalities through awareness programs and training.

Missouri Incident Fatalities

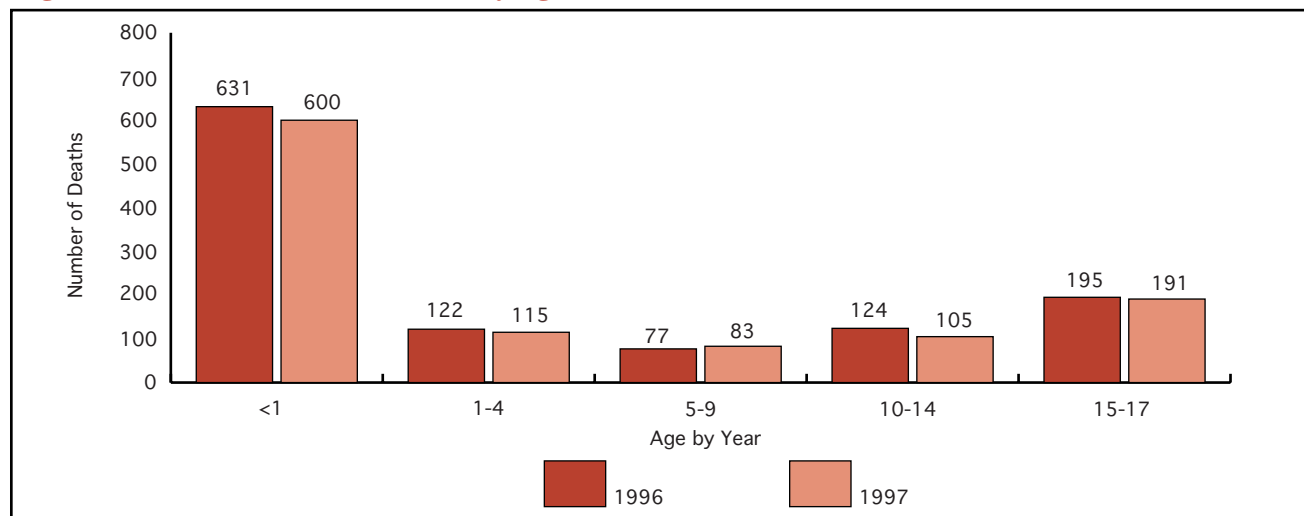
During 1997, 1,201 children less than 18 years of age died in Missouri (Figure 1) down slightly from the previous year. Of those, 1,094 were determined to be Missouri incident fatalities and therefore subject to review. The majority of deaths (600) had a clear, unsuspicious cause and were not referred for further review. Four hundred eighty-seven deaths had an indication for review, and of those 100% were reviewed by panels.

Figure 1. Missouri Child Fatalities vs. Missouri Incident Fatalities



During 1996 and 1997, the majority of Missouri incident fatalities involved children less than one year of age (Figure 2).

Figure 2. Missouri Incident Fatalities by Age



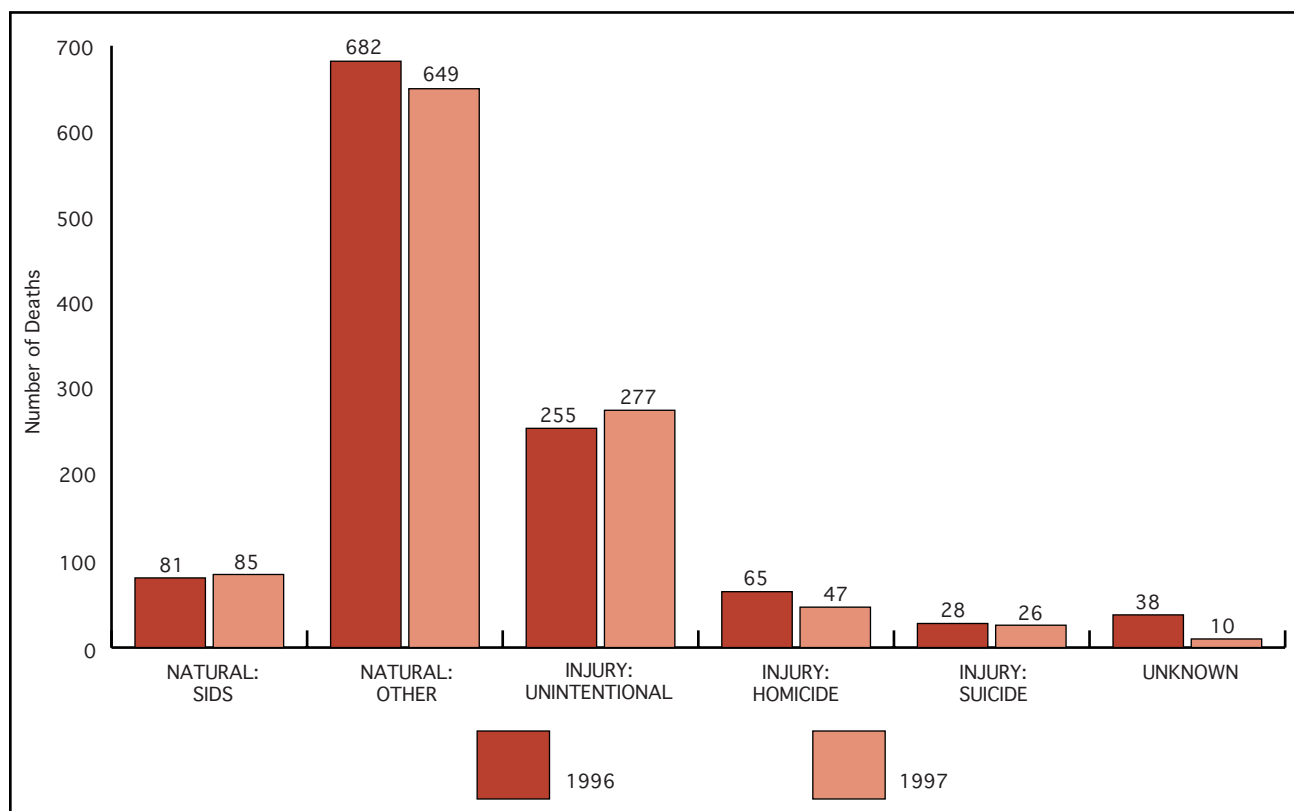
The proportion of males to females, as well as the racial proportion, remained relatively constant between 1996 and 1997 (Figure 3).

Figure 3. Missouri Incident Fatalities by Sex and Race

SEX	1996	1997	RACE	1996	1997
FEMALE	458	447	WHITE	833	774
MALE	691	645	BLACK	293	298
UNKNOWN	0	2	OTHER	23	22
	1,149	1,094		1,149	1,094

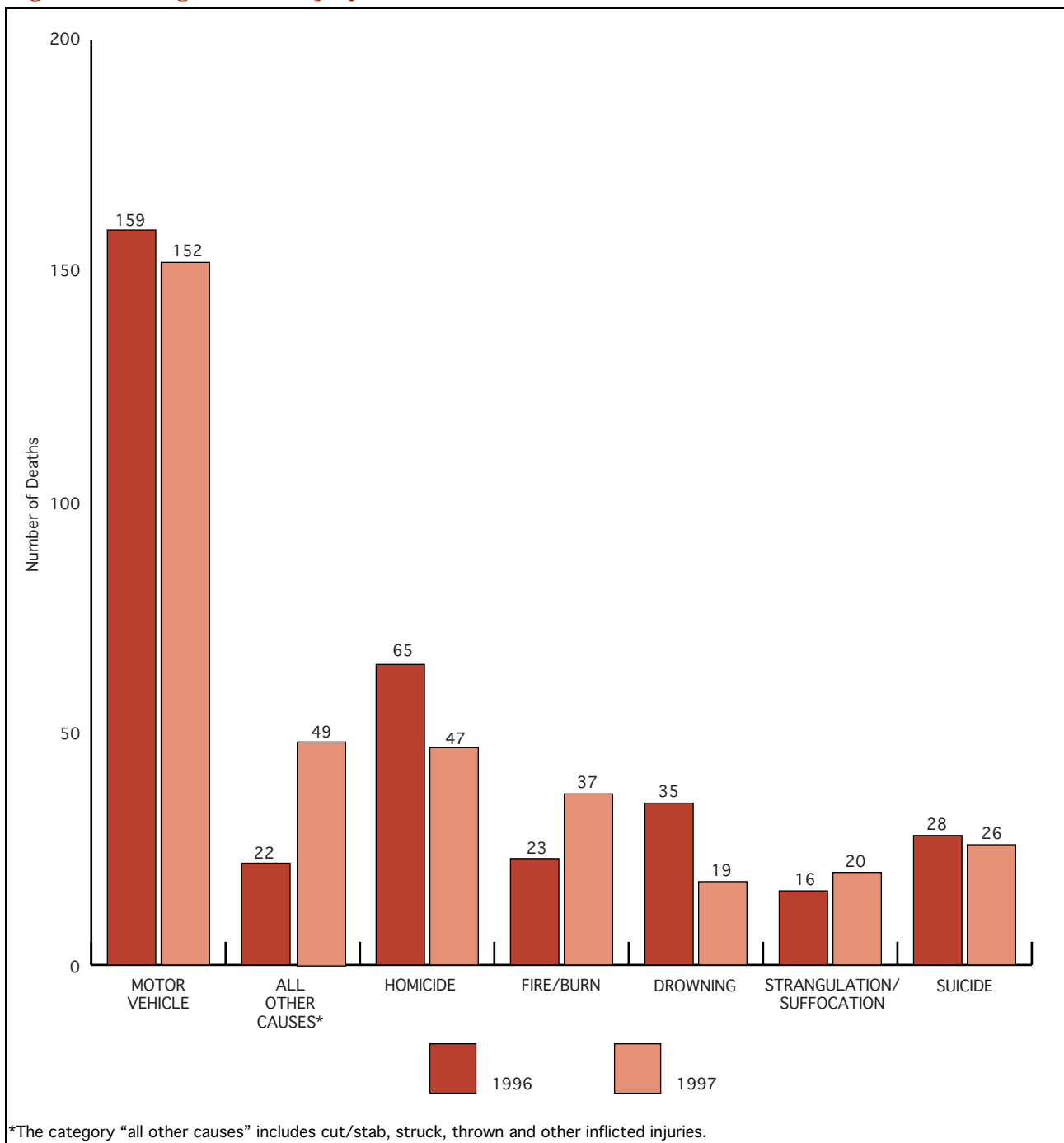
Sixty-seven percent (734) of all deaths in 1997 were the result of natural causes. This is relatively the same as 1996 when 66% (763) of all deaths were the result of natural causes (Figure 4). Sudden Infant Death Syndrome (SIDS) was the cause of 85 deaths in 1997 representing 12% of natural cause deaths and 8% of all deaths. Homicides in 1997 (47) (4%) were down sharply from 1996 (65) (6%) representing a 28 percent decrease.

Figure 4. Missouri Incident Fatalities by Cause



Injuries were the cause of 350 deaths in 1997 (32%) compared to 348 deaths in 1996 (30%). Motor vehicle injuries were the leading cause of death in 1997 (152) (43%) and 1996 (159) (46%). Homicides decreased by 28 percent from 65 in 1996 to 47 in 1997 (Figure 5).

Figure 5. Leading Causes of Injury Deaths



As shown in Figure 6, illness/natural cause deaths peaked at 65 in January, February, and December in 1997 compared to the peak in 1996 of 73 deaths in March. Motor vehicle fatalities peaked at 23 in June of 1997 compared to the peak in 1996 of 26 deaths in August. SIDS peaked at 13 in March of 1997 compared to the peak in 1996 of 12 in September. Homicides peaked at 9 in October of 1997 compared to the peak in 1996 of 10 in August.

Figure 6. Causes of Death by Month of Death

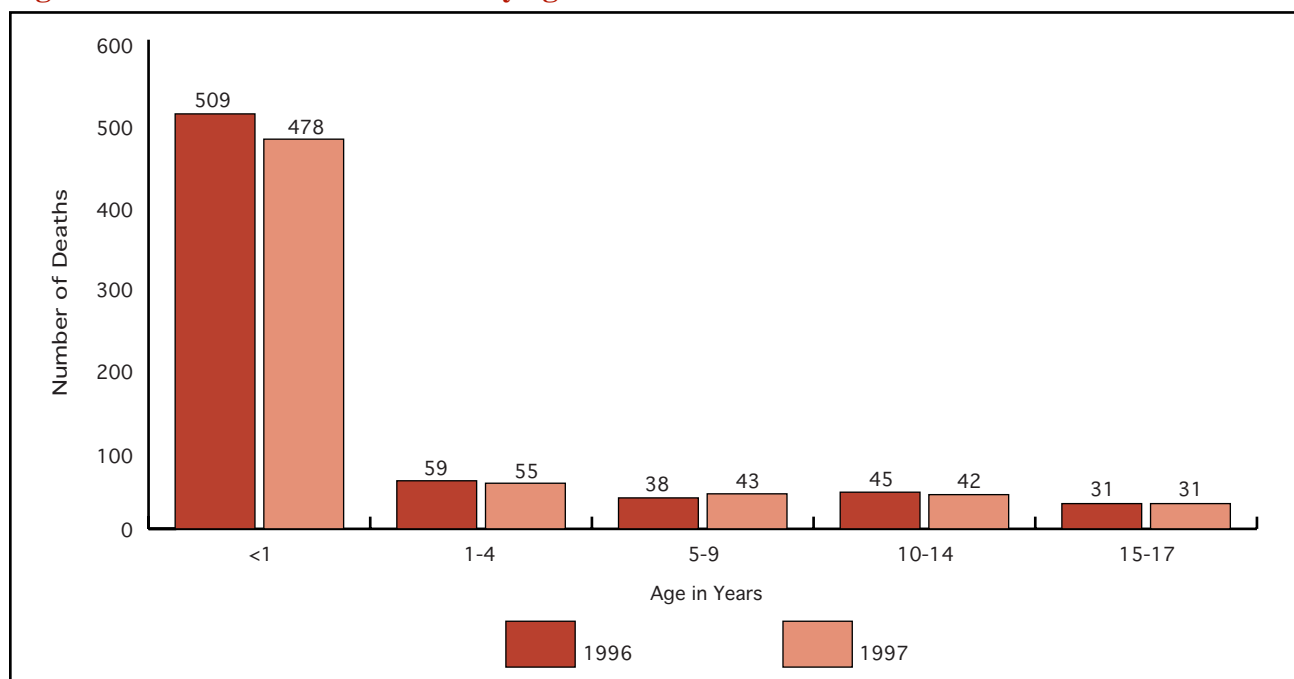
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
ILLNESS/NATURAL CAUSE DEATHS	1996	5 2	5 0	7 3	5 6	4 7	4 6	6 9	6 3	5 7	5 9	5 4	5 6	6 8 2
	1997	6 5	6 5	5 5	5 7	5 4	4 9	4 8	4 2	4 7	5 4	4 8	6 5	6 4 9
SIDS	1996	6	7	4	8	3	7	4	9	1 2	7	9	5	8 1
	1997	6	5	1 3	4	9	2	6	8	4	1 0	7	1 1	8 5
MOTOR VEHICLE FATALITIES	1996	7	8	9	1 3	9	2 3	2 2	2 6	1 4	1 1	9	8	1 5 9
	1997	1 1	6	1 5	5	1 1	2 3	1 5	1 2	1 5	9	2 0	1 0	1 5 2
HOMICIDES	1996	4	7	5	8	6	3	6	1 0	2	4	9	1	6 5
	1997	3	5	3	5	4	5	4	2	0	9	3	4	4 7
HOMICIDES: FIREARM	1996	4	6	2	4	5	1	3	7	0	1	3	0	3 6
	1997	0	0	2	2	2	4	4	1	0	4	1	1	2 1
DROWNINGS	1996	1	1	0	3	3	9	8	7	1	1	1	0	3 5
	1997	0	0	2	0	3	8	3	2	1	0	0	0	1 9
SUICIDES	1996	3	3	0	3	3	2	2	1	3	4	2	2	2 8
	1997	3	4	2	0	1	4	2	1	2	4	2	1	2 6
SUICIDES: FIREARM	1996	2	1	0	2	2	1	2	0	2	1	2	1	1 6
	1997	3	3	1	0	0	3	1	0	1	1	1	1	1 5
FIRE/BURN FATALITIES	1996	4	2	2	0	1	3	0	2	2	0	6	1	2 3
	1997	2	3	5	4	2	0	2	3	0	2	5	9	3 7
UNINTENTIONAL STRANGULATION/ SUFFOCATION DEATHS	1996	1	1	1	1	0	1	0	2	0	5	1	3	1 6
	1997	4	1	0	0	1	2	1	2	1	2	3	3	2 0
UNINTENTIONAL FIREARM FATALITIES	1996	0	0	1	0	0	0	0	0	1	0	0	0	2
	1997	2	2	0	1	0	2	1	2	1	1	1	3	1 6
TOTAL	1996	8 4	8 6	9 7	9 8	7 9	9 6	1 1 6	1 2 7	9 4	9 3	9 6	7 7	
	1997	9 9	9 4	9 8	7 8	8 7	1 0 2	8 7	7 5	7 2	9 6	9 1	1 0 8	

NATURAL DEATHS

Illness/Natural Cause Deaths

Illness/Natural causes were responsible for the deaths of 649 children in 1997, representing 59.3% of all Missouri incidence fatalities.

Figure 7. Illness/Natural Cause Deaths by Age



As shown in Figure 7, children less than one year of age remained the largest group of illness/natural cause deaths with 74% (478) in 1997 and 75% (509) in 1996.

During 1996 and 1997, the majority of illness/natural cause deaths involved white males. There were no significant changes from 1996 to 1997 in male to female and racial proportions (Figure 8).

Figure 8. Illness/Natural Cause Deaths by Sex and Race

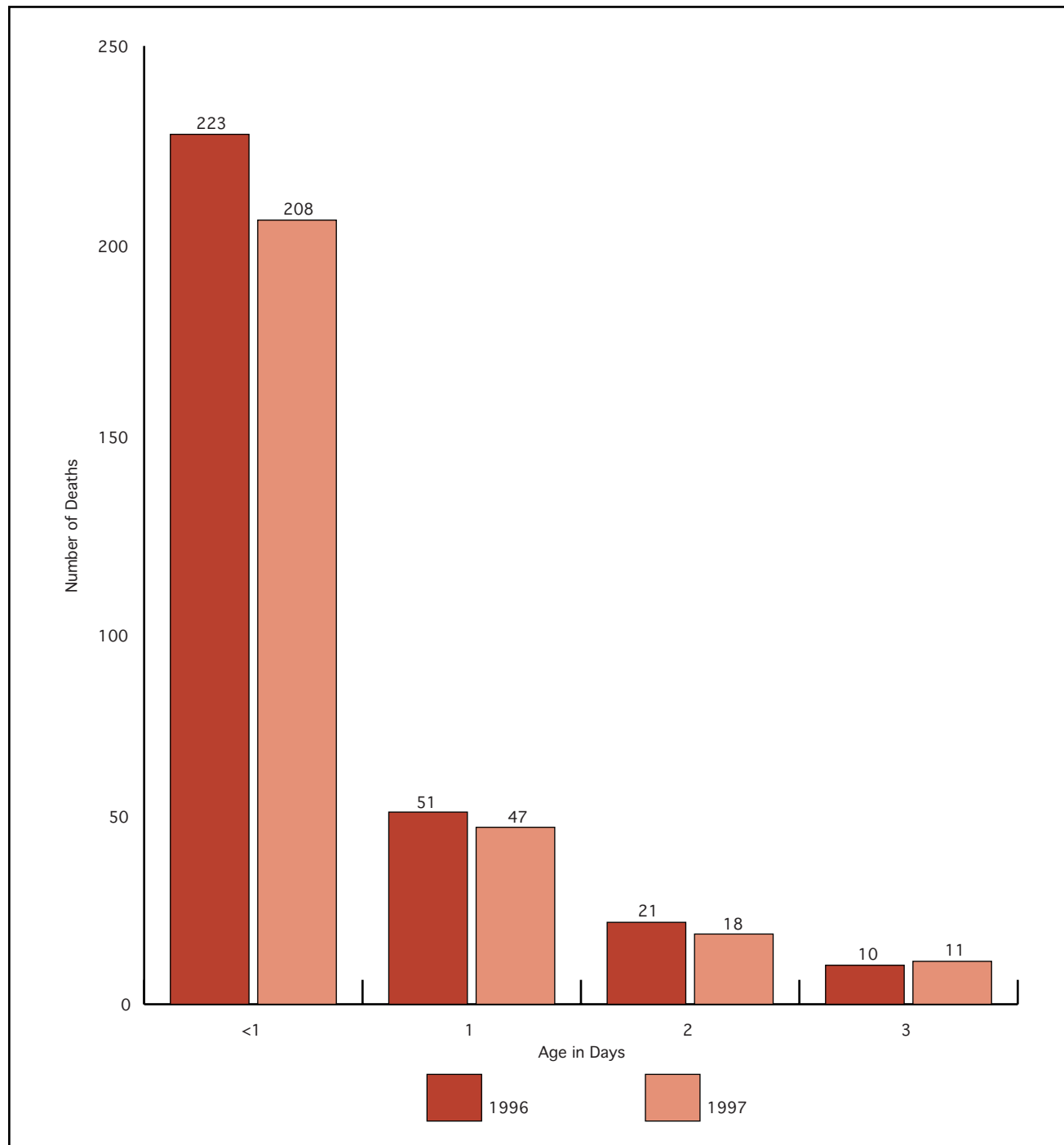
SEX	1996	1997
FEMALE	282	288
MALE	400	359
UNKNOWN	0	2
	682	649

RACE	1996	1997
WHITE	481	455
BLACK	185	182
OTHER	16	12
	682	649

Illness/Natural Cause Deaths(continued)

Children three days old or less made up the majority of illness/natural cause deaths in 1996 (305) and 1997 (284). Thirty-three percent in 1996 (223) and 32% in 1997 (208) of all illness/natural cause deaths involved children less than one day old (Figure 9).

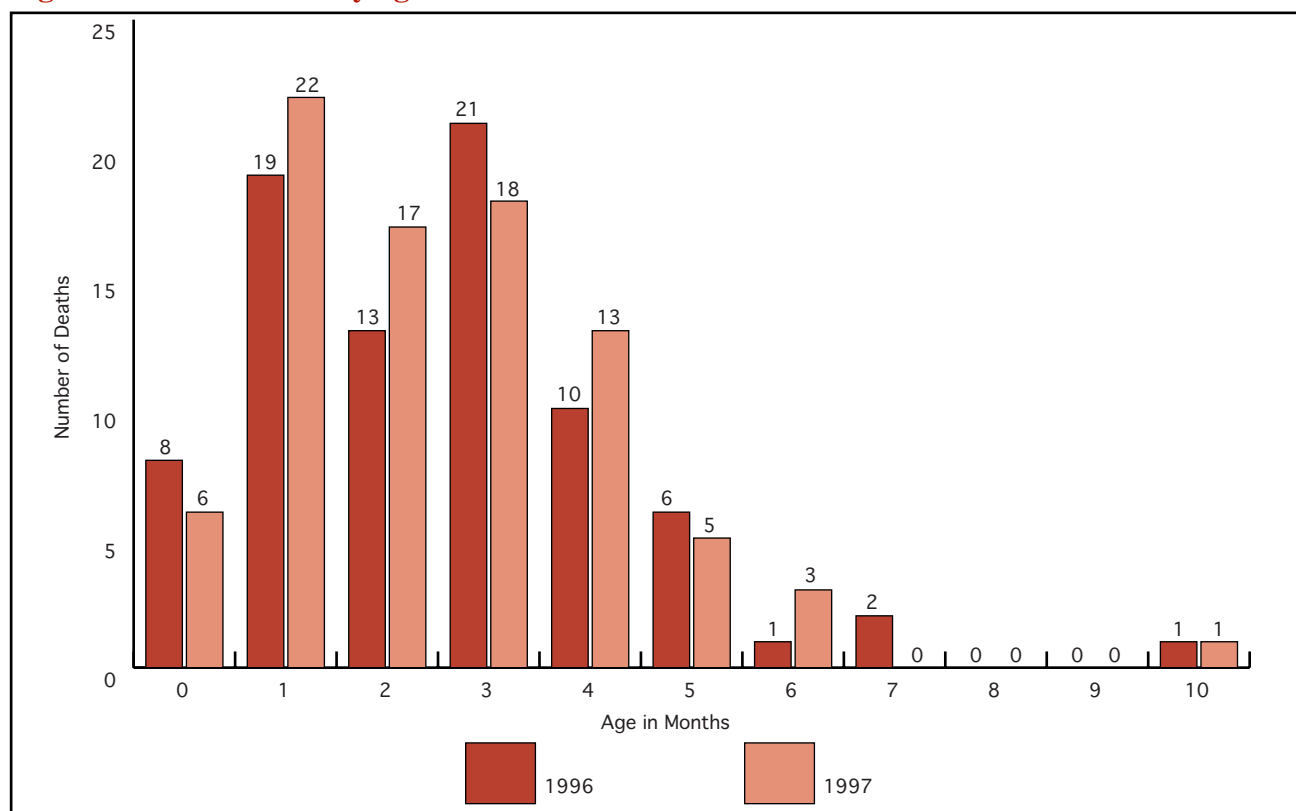
Figure9. Children Age Three Days or Less That Died of Illness/Natural Causes



SIDS (Sudden Infant Death Syndrome)

**SIDS resulted in the deaths of 85
children under the age of one year during 1997.**

Figure 10. SIDS Fatalities by Age



As shown in Figure 10, SIDS fatalities peaked at age one month in 1997 (22) (26%) and age 3 months in 1996 (21) (26%).

The majority of SIDS fatalities involved white, male children during 1996 and 1997 (Figure 11).

Figure 11. SIDS Fatalities by Sex and Race

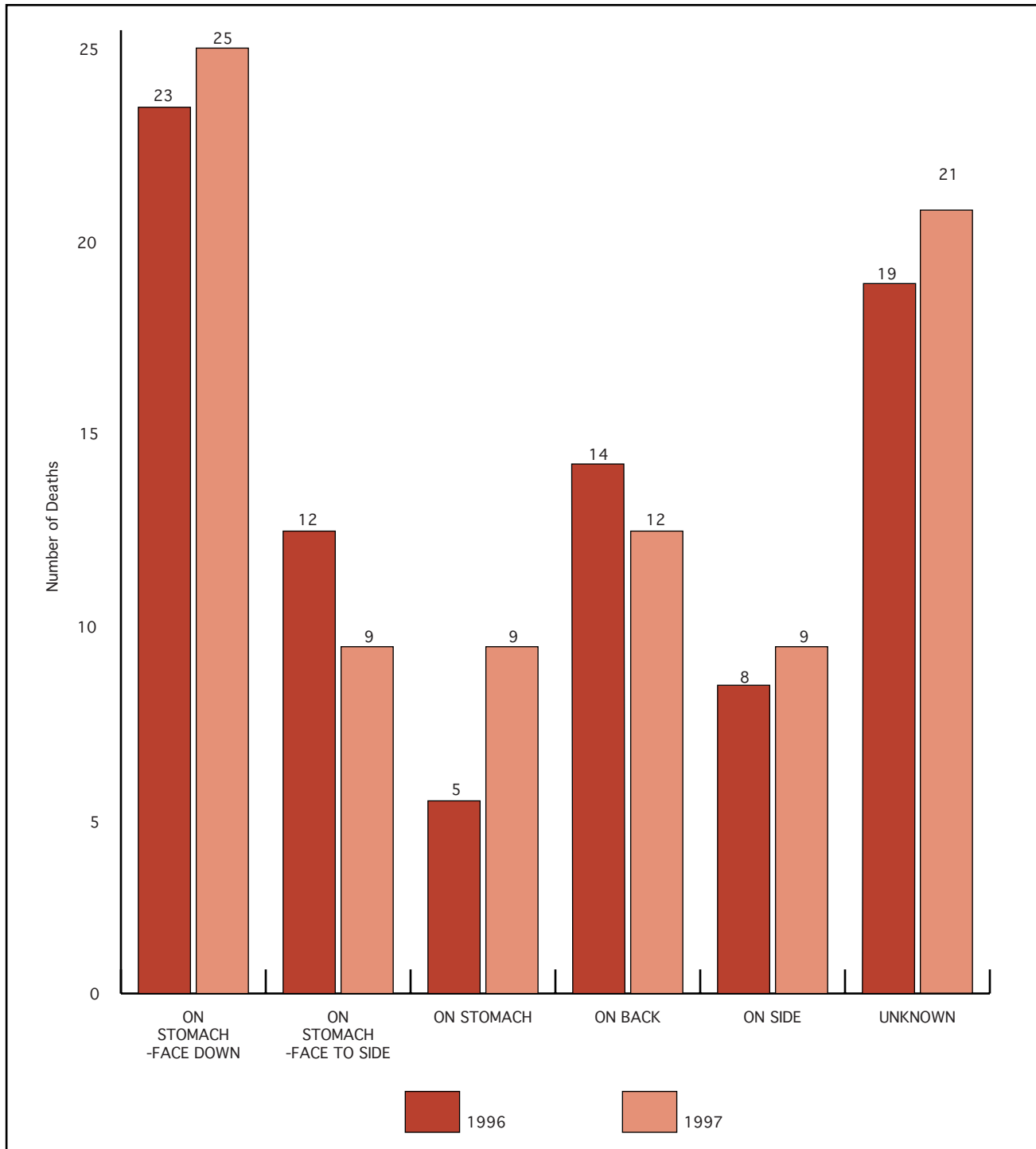
SEX	1996	1997
FEMALE	35	32
MALE	46	53
	81	85

RACE	1996	1997
WHITE	52	54
BLACK	28	29
OTHER	1	2
	81	85

SIDS(continued)

The majority of children that died of SIDS were found positioned on their stomach face down in 1996 (23) (28%) and 1997 (25) (29%) (Figure 12).

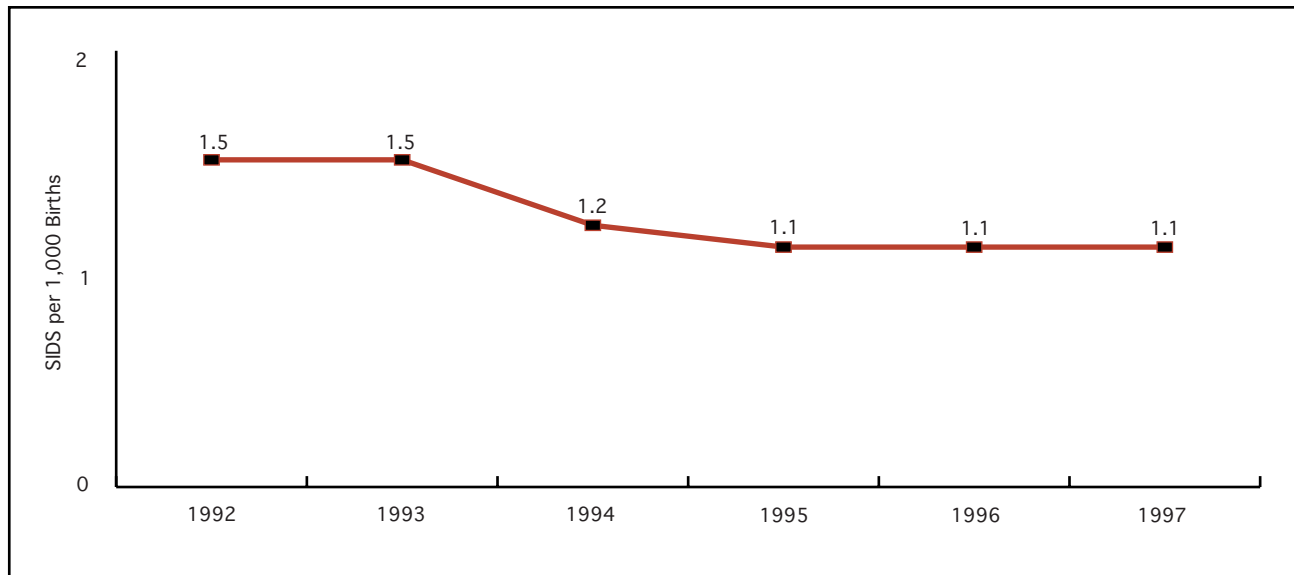
Figure 12. Position of Infant



SIDS(continued)

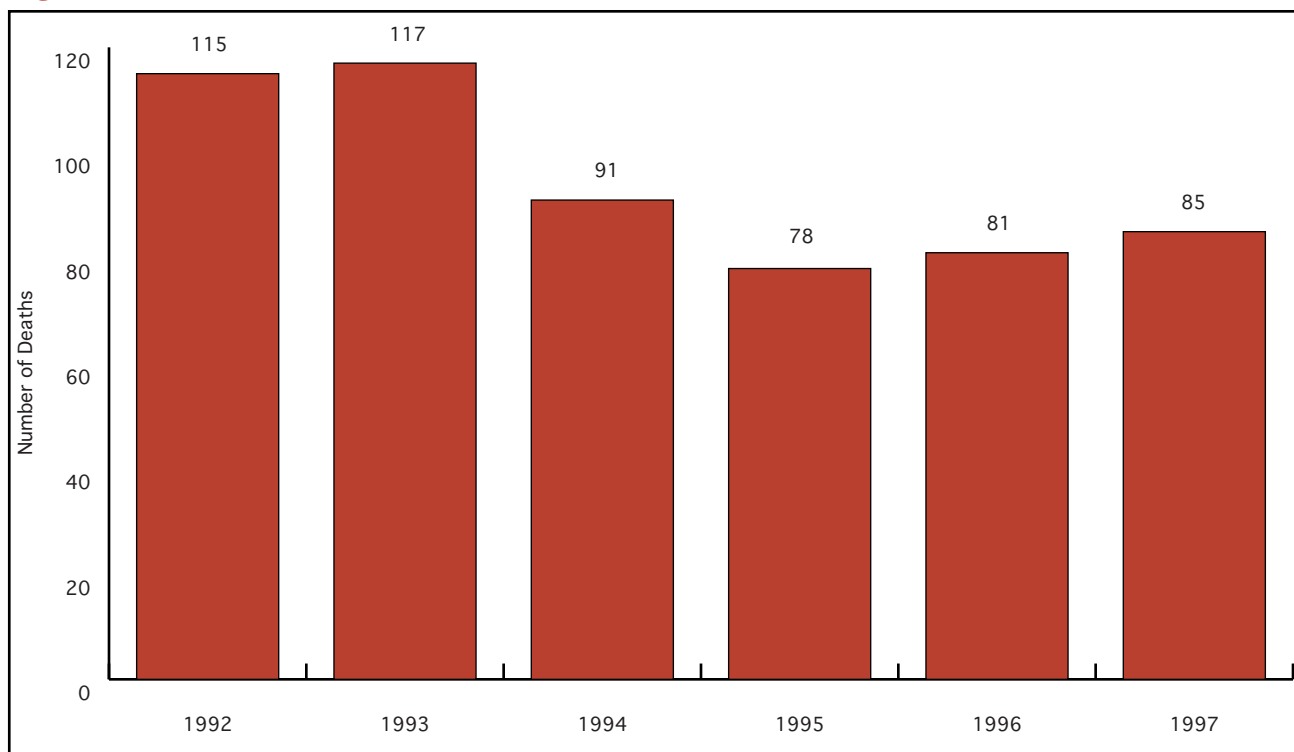
During 1997, 1.1 children died of SIDS for every 1,000 live births. The peak SIDS rate occurred in 1992 and 1993 with 1.5 SIDS deaths for every 1,000 live births (Figure 13).

Figure 13. SIDS Rate 1992-1997



In the three year period of 1992 through 1994, Missouri averaged 108 SIDS deaths per year. In contrast, during the three-year period of 1995 through 1997, Missouri averaged 81 SIDS deaths per year, representing a 33% decrease (Figure 14).

Figure 14. Missouri SIDS Deaths 1992-1997

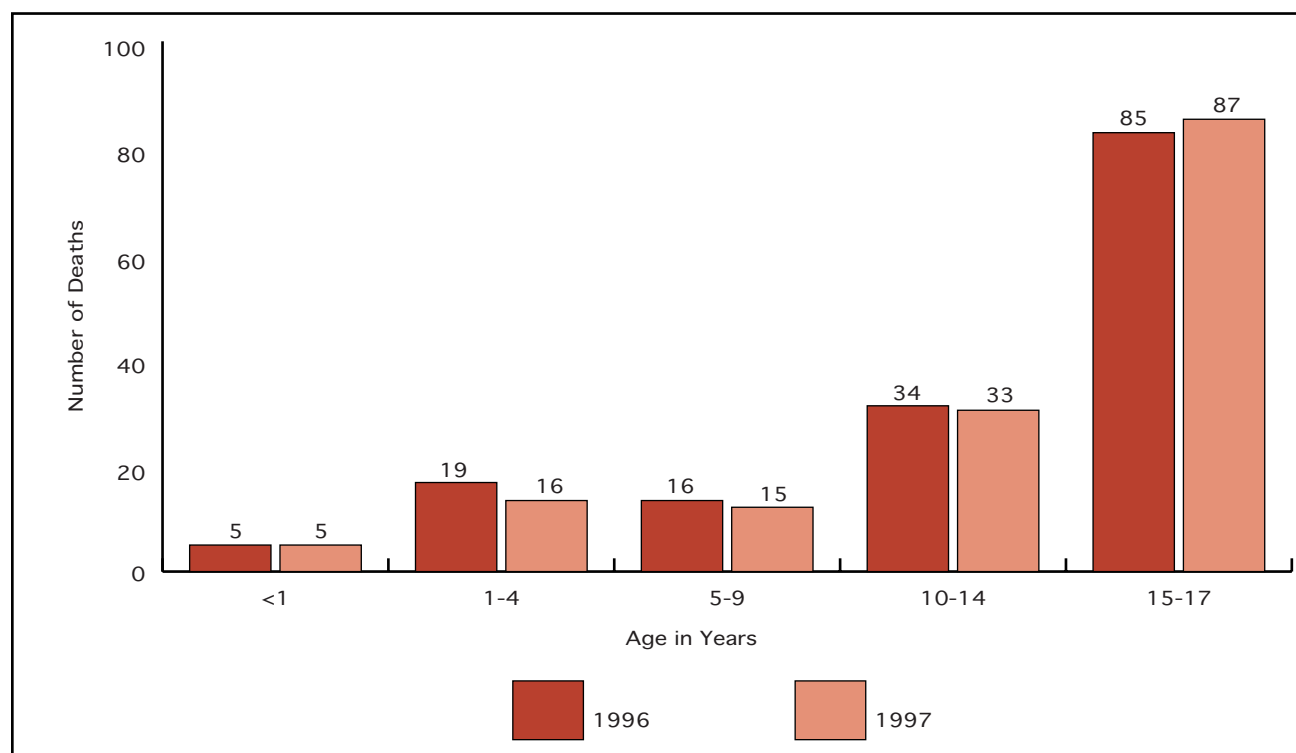


NON-NATURAL DEATHS

Motor Vehicle Fatalities

Motor vehicle accidents resulted in 152 child deaths during 1997, representing 43.4% of injury related deaths.

Figure 15. Motor Vehicle Fatalities by Age



As shown in Figure 15, over 50% of motor vehicle fatalities involved children greater than 14 years of age in 1996 (85) and 1997 (87).

The majority of the victims of motor vehicle fatalities in 1996 and 1997 were white, male children (Figure 16).

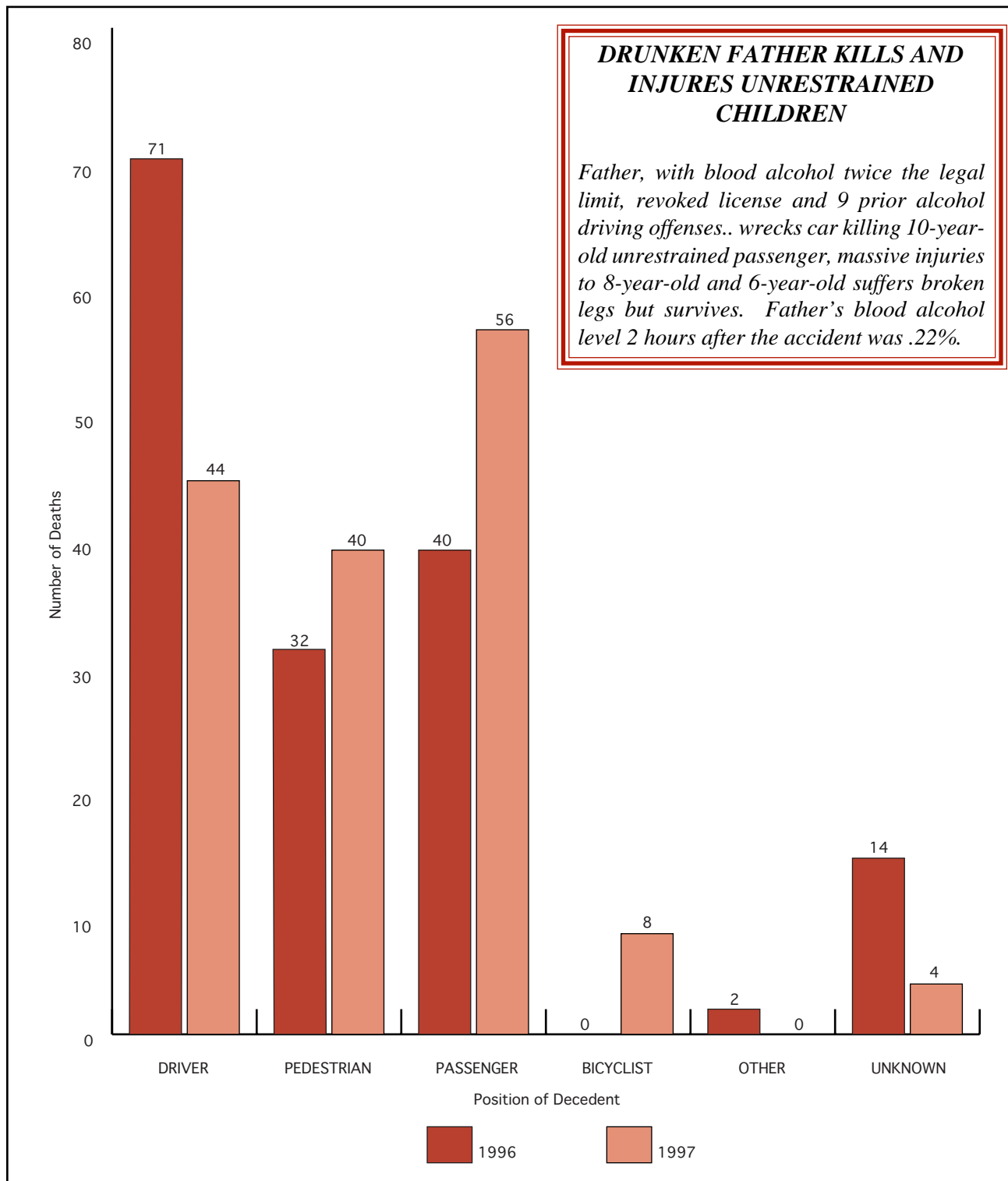
Figure 16. Motor Vehicle Fatalities by Sex and Race

SEX	1996	1997	RACE	1996	1997
FEMALE	59	74	WHITE	138	125
MALE	100	78	BLACK	18	24
	159	152	OTHER	3	3
				159	152

Motor Vehicle Fatalities(continued)

The victims of motor vehicle fatalities were comprised of a higher percentage of passengers (56) (37%) during 1997 as compared to 1996 (40) (25%) (Figure 17).

Figure 17. Motor Vehicle Fatalities by Position at Time of Injury

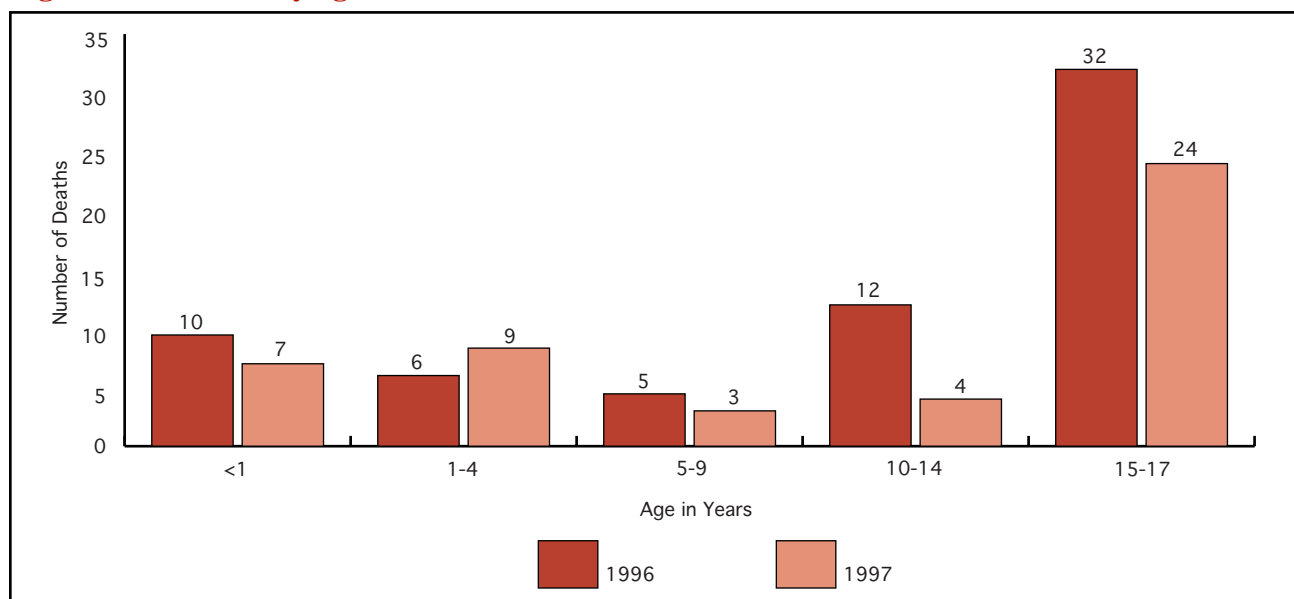


Homicides

**Homicide was the cause of 47 deaths in 1997,
representing 13.4% of injury-related deaths.**

As shown in Figure 18, children in the 15 through 17 year old age group made up the majority of homicide fatalities in 1996 (32) (49%) and 1997 (24) (51%).

Figure 18. Homicides by Age



The number of homicides involving female children decreased 54% from 1996 (26) (40%) to 1997 (12) (26%) . The percentage of homicides involving black children fell from 62 percent (38) in 1996 to 56 percent (26) in 1997 (Figure 19).

Figure 19. Homicides by Sex and Race

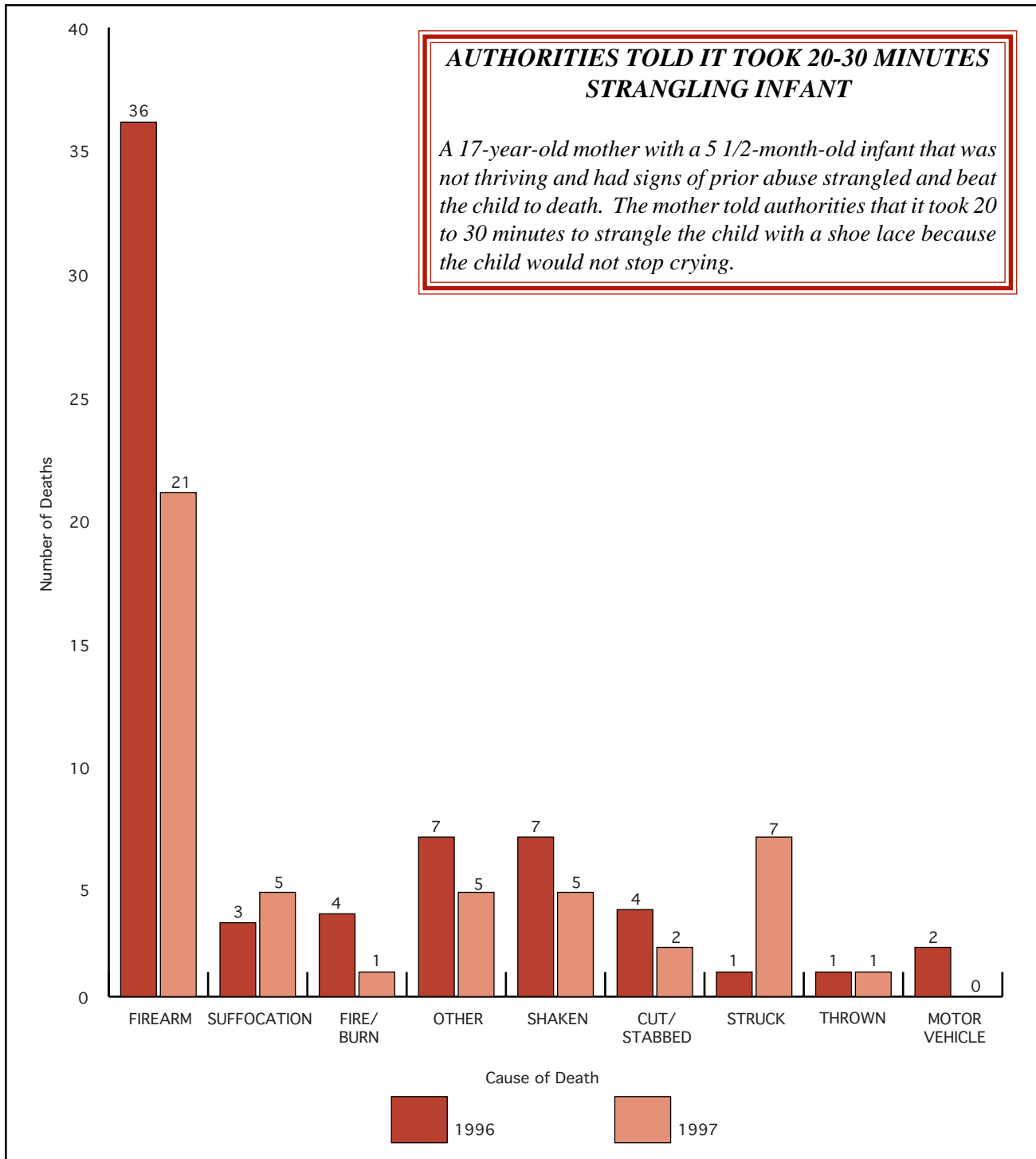
SEX	1996	1997
FEMALE	26	12
MALE	39	35
	65	47

RACE	1996	1997
WHITE	25	21
BLACK	38	26
OTHER	2	0
	65	47

Homicides(continued)

The number of homicides resulting from firearms decreased 42 percent from 1996 (36) (55%) to 1997 (21) (45%). The number of homicides resulting from being struck was six times higher in 1997 (7) (15%) than in 1996 (1) (2%) (Figure 20).

Figure 20. Homicides by Cause

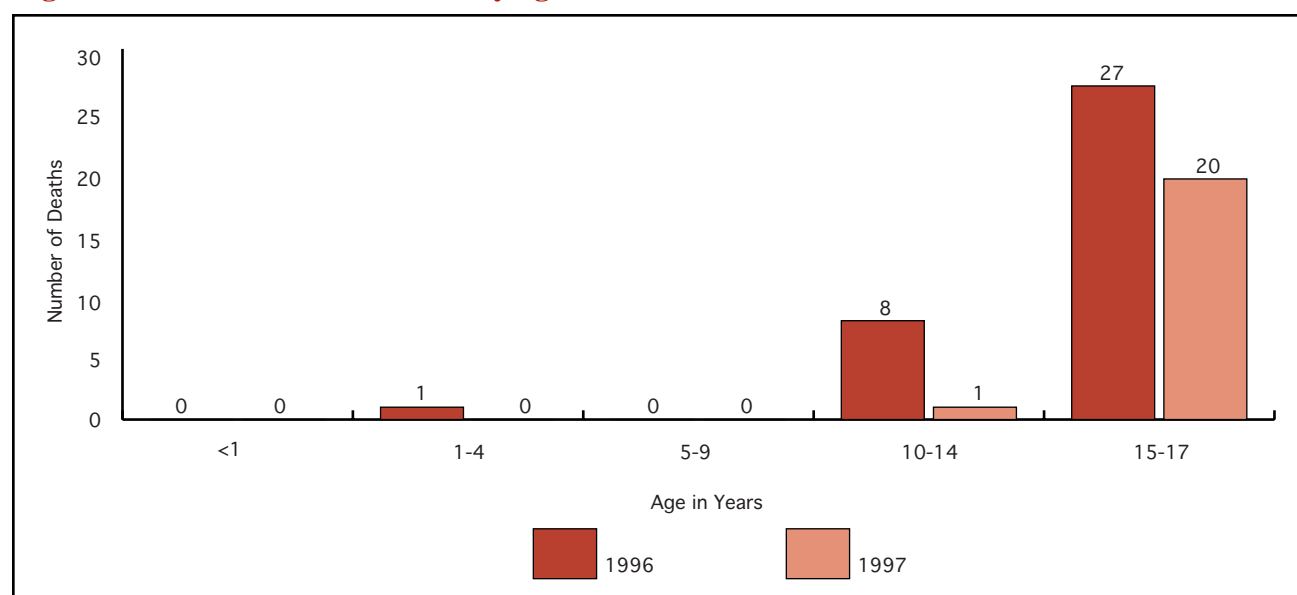


Homicides: Firearm Fatalities

Of the 47 child homicides in 1997, homicide firearm injuries resulted in 21 deaths representing 44.7% of all homicide-related deaths.

As shown in Figure 21, homicide firearm deaths of children older than 14 years of age decreased 26% from 1996 (27) (75%) to 1997 (20) (95%).

Figure 21. Homicide Firearm Deaths by Age



In 1997, six of the homicide firearm deaths were associated with gang and drug activity. The majority of homicide firearm deaths during 1996 and 1997 involved black, male children (Figure 22).

Figure 22. Homicide Firearm Deaths by Sex and Race

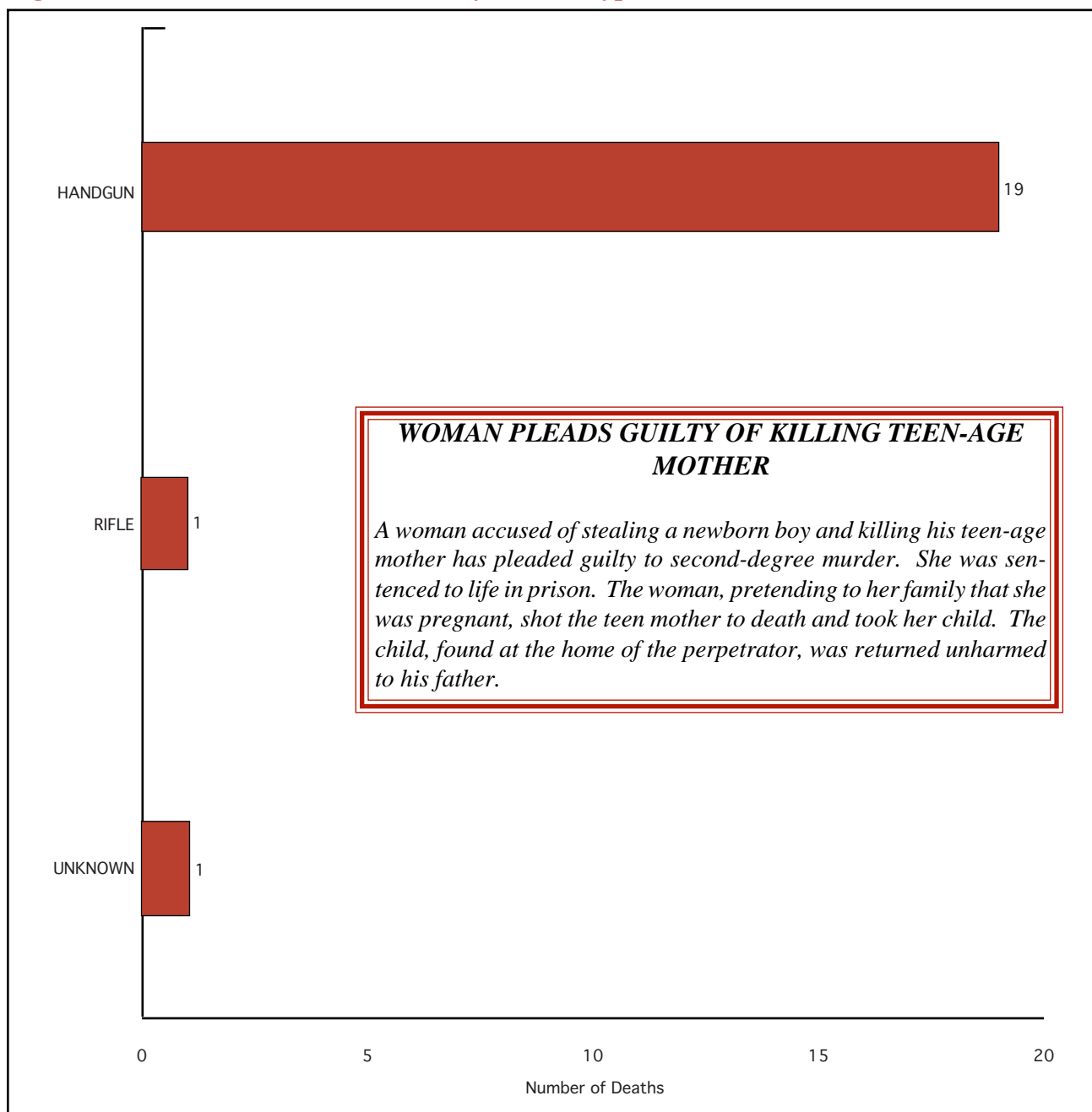
SEX	1996	1997
FEMALE	11	2
MALE	25	19
	36	21

RACE	1996	1997
WHITE	9	6
BLACK	25	15
OTHER	2	0
	36	21

Homicides: Firearm Fatalities(continued)

In 1997, 90% of homicide firearm deaths were committed using a handgun (Figure 23).

Figure 23. 1997 Homicide Firearm Deaths by Firearm Type

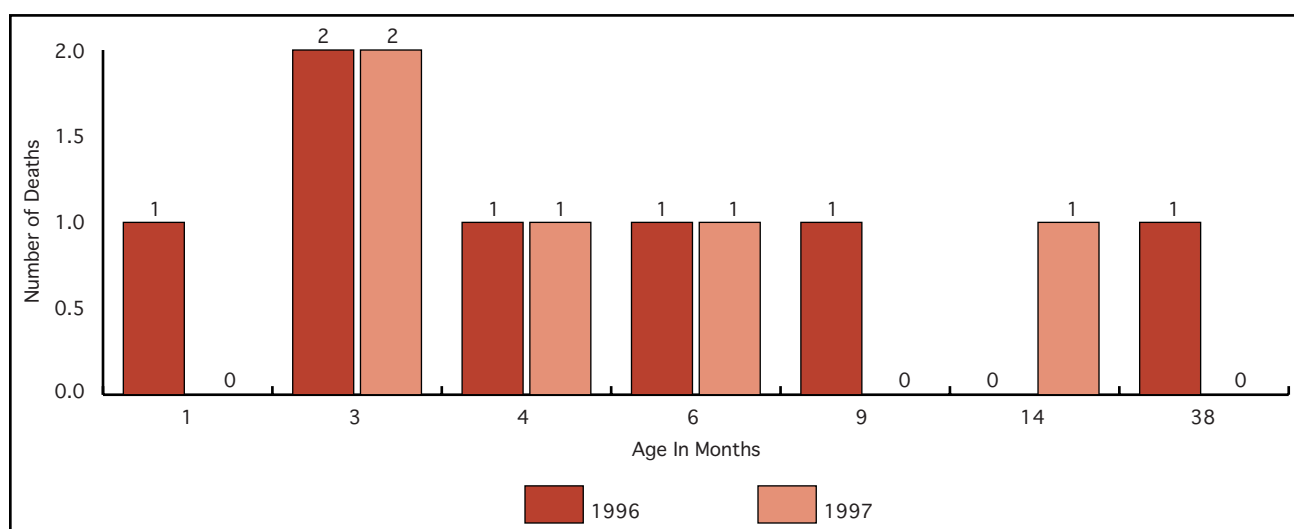


Shaken/Impact Syndrome Fatalities*

Of the 47 child homicides in 1997, Shaken/Impact Syndrome was the cause of five deaths of children less than four years old.

As shown in Figure 24, almost 60% of the Shaken/Impact Syndrome deaths were children less than six months of age in 1996 (4) and 1997 (3).

Figure 24. Shaken/Impact Syndrome Deaths by Age



The majority of the victims of Shaken/Impact Syndrome were males in 1996 and 1997. Shaken/Impact Syndrome deaths were evenly distributed between white and black children in 1996 and 1997 (Figure 25).

Figure 25. Shaken/Impact Syndrome Deaths by Sex and Race

SEX	1996	1997
FEMALE	1	1
MALE	6	4
	<u>7</u>	<u>5</u>

RACE	1996	1997
WHITE	3	3
BLACK	4	2
	<u>7</u>	<u>5</u>

*Based on program experience there may be a significant number of cases that are under-reported or unrecognized. Moreover, there are also a large number of permanent disabilities directly related to Shaken/Impact Syndrome (i.e.; speech, hearing, and vision impairments).

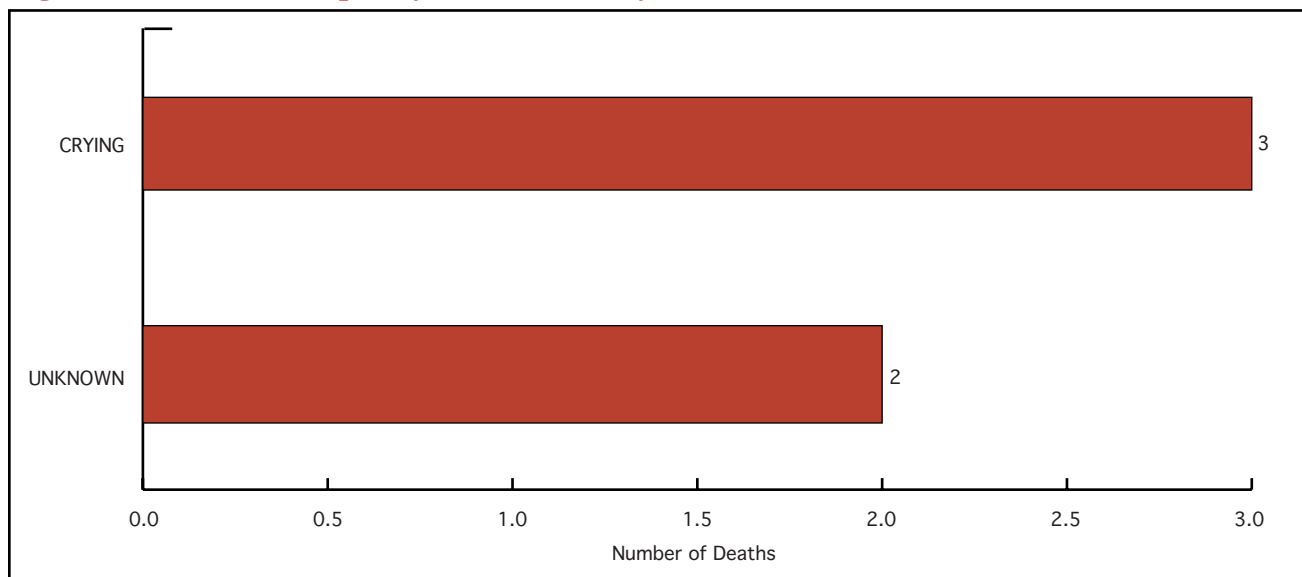
Shaken/Impact Syndrome Fatalities (continued)

FATHER SHAKES BABY TO DEATH FOR DISTURBING HIS SLEEP BY CRYING

The father said he shook the baby twice. The first time because the baby cried while he was trying to sleep and the second time because the child vomited. The forensic pathologist said that the child was bleeding in the front and back of the brain and in the back of the eyes.

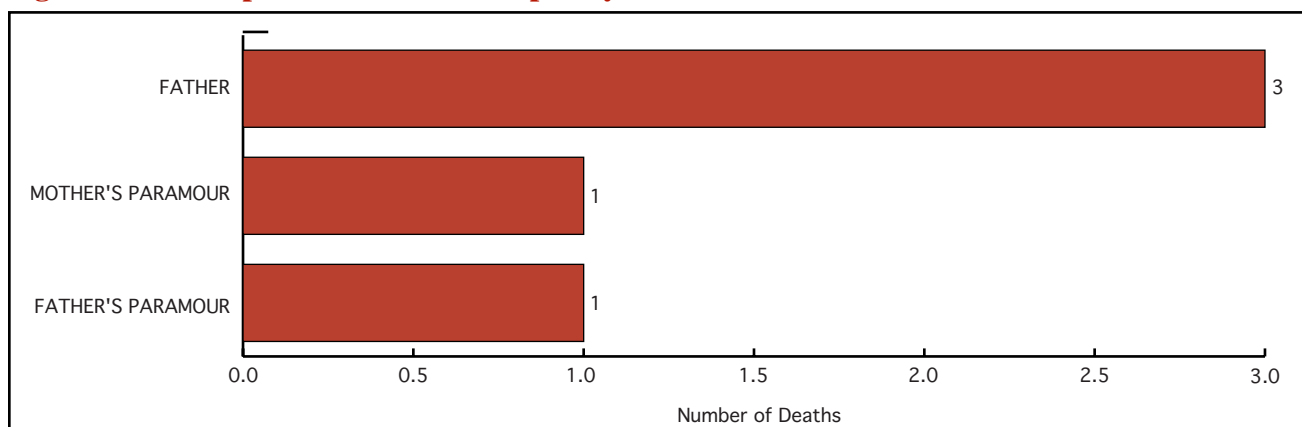
Inconsolable crying was the cause that triggered perpetrators to shake the victims in 3 of the 5 cases during 1997 (Figure 26).

Figure 26. 1997 Shaken/Impact Syndrome Deaths by Cause



In 60 percent of the cases of Shaken/Impact Syndrome, the perpetrator was also victim's father (Figure 27).

Figure 27. 1997 Perpetrators of Shaken/Impact Syndrome Deaths

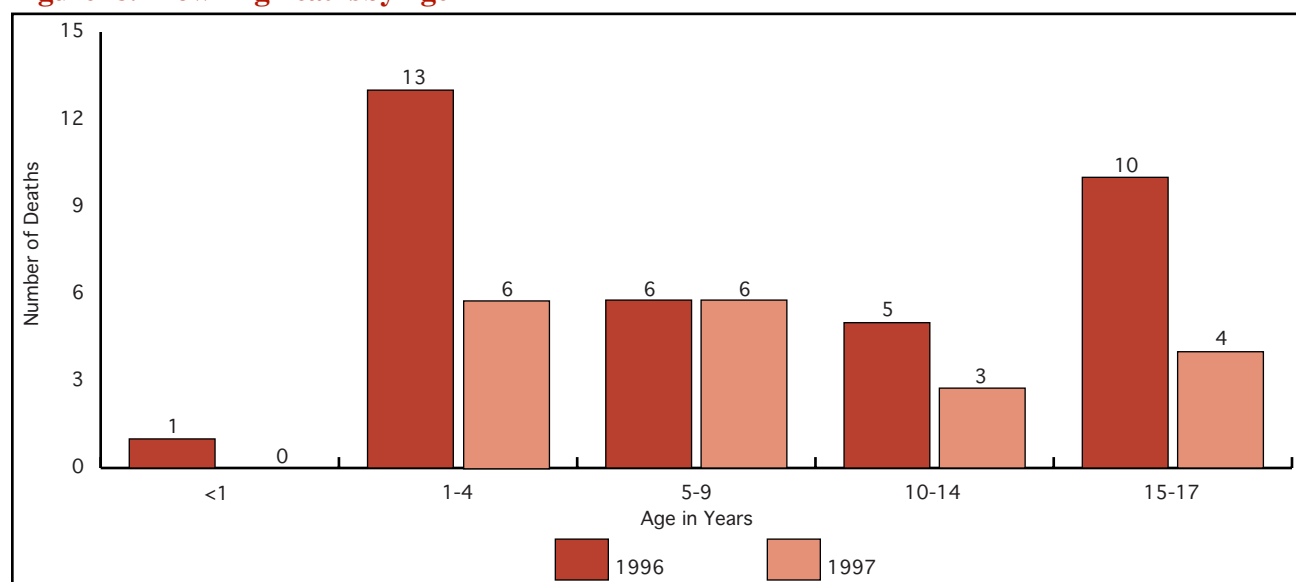


Drownings

**Drowning was the cause of 19 deaths in 1997,
representing 5.4% of injury related deaths.**

Of the 19 victims in 1997, 17 victims wore no floatation device and 8 were unattended when they entered the water. There was an overall decrease in drowning deaths from 1996 (35) to 1997 (19). As shown in Figure 28, drowning deaths in the one to four age group decreased by 54% from 1996 (13) (37%) to 1997 (6) (32%).

Figure 28. Drowning Deaths by Age



The majority of drowning victims were white, male children in 1996 and 1997 (Figure 29).

Figure 29. Drowning Deaths by Sex and Race

SEX	1996	1997
FEMALE	11	4
MALE	24	15
	35	19

RACE	1996	1997
WHITE	27	11
BLACK	8	7
OTHER	0	1
	35	19

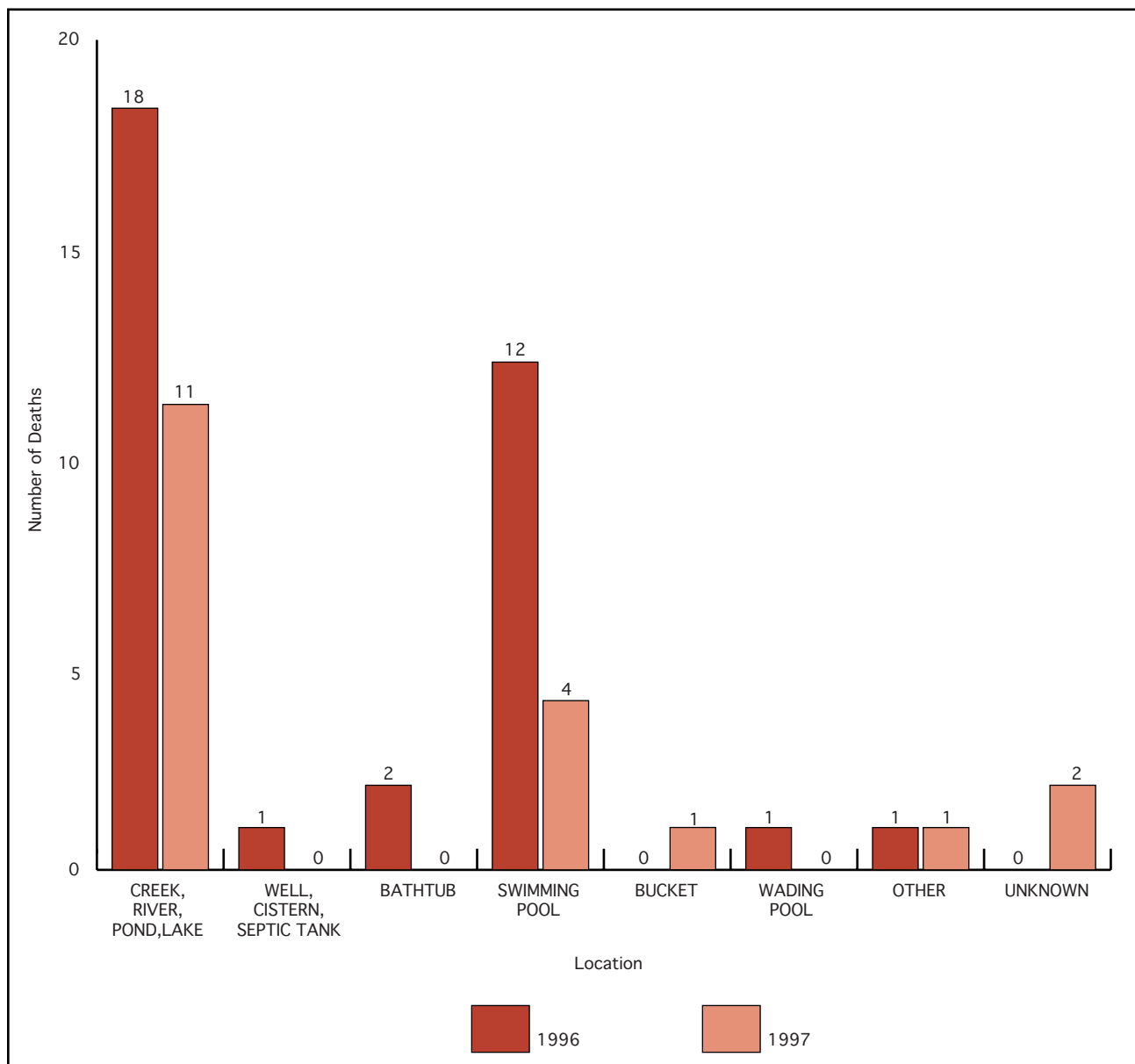
Drownings(continued)

MISSING TODDLER LOCATED IN SOLVENT FILLED BUCKET

A common five-gallon plastic bucket, approximately half full of a cleaning solvent was the scene of a tragedy for a single parent mother attempting to relocate her household to new housing.

Drownings in natural bodies of water decreased 39% from 1996 (18) (51%) to 1997 (11) (58%). Drownings in swimming pools also decreased by 67% from 1996 (12) (34%) to 1997 (4) (21%) (Figure 30).

Figure 30. Location of Drownings

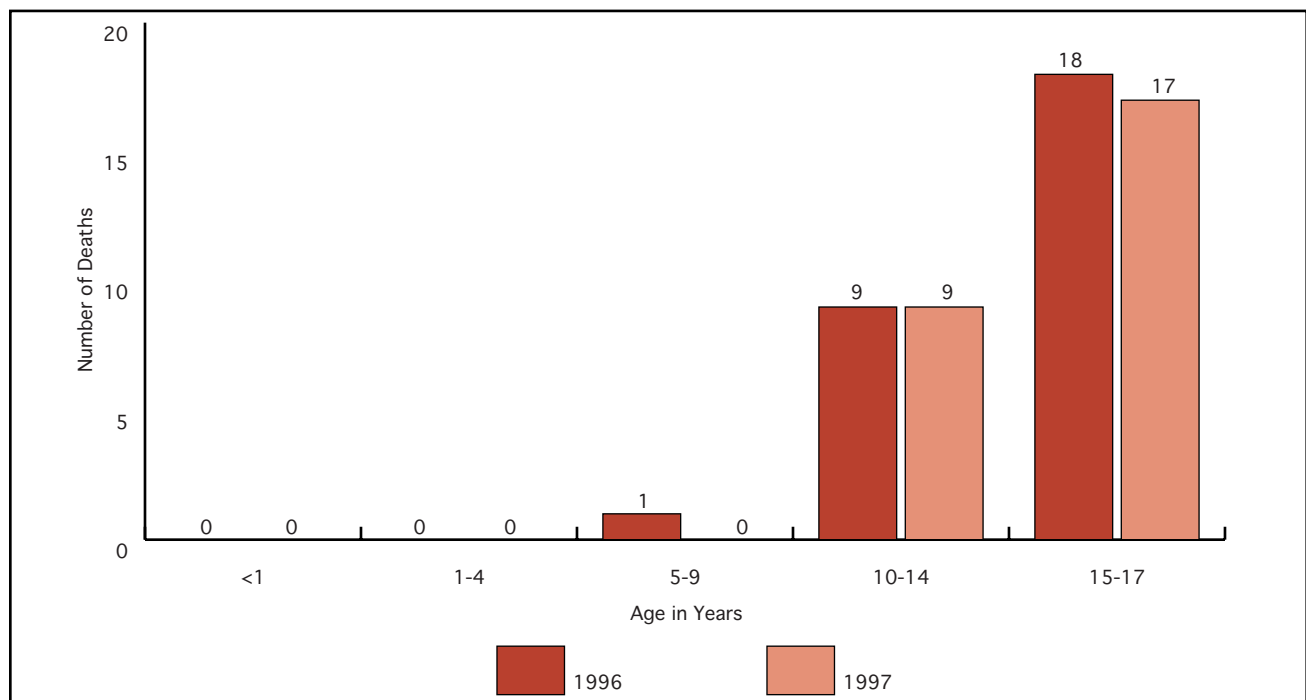


Suicides

**Suicide was the cause of 26 deaths in 1997,
representing 7.4% of injury related deaths.**

As shown in Figure 31, the majority of suicides occurred in the children 15 through 17 years of age in 1996 (18) (64%) and 1997 (17) (89%).

Figure 31. Suicides by Age



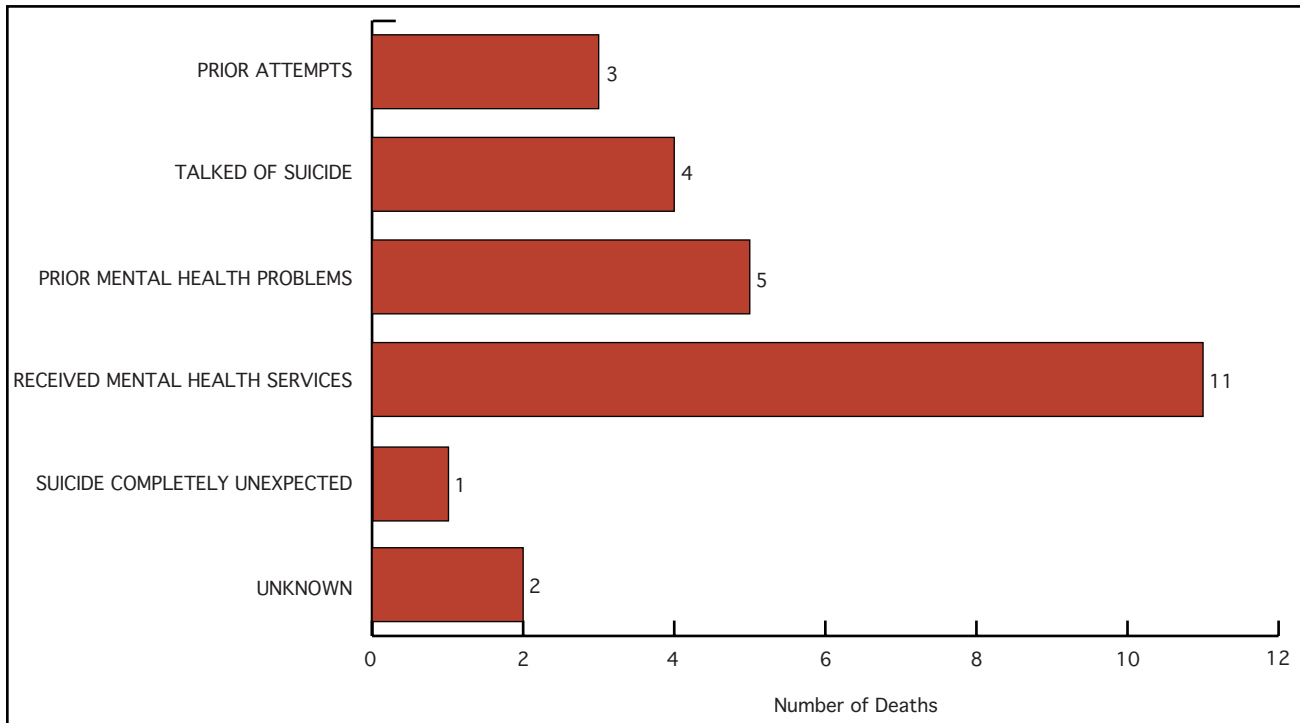
The majority of suicides involved males in 1996 (21) and 1997 (20). The disparity between white and black children continued between 1996 and 1997 (Figure 32).

Figure 32. Suicides by Sex and Race

SEX			RACE		
	1996	1997		1996	1997
FEMALE	7	6	WHITE	25	23
MALE	21	20	BLACK	1	3
	28	26	OTHER	2	0
				28	26

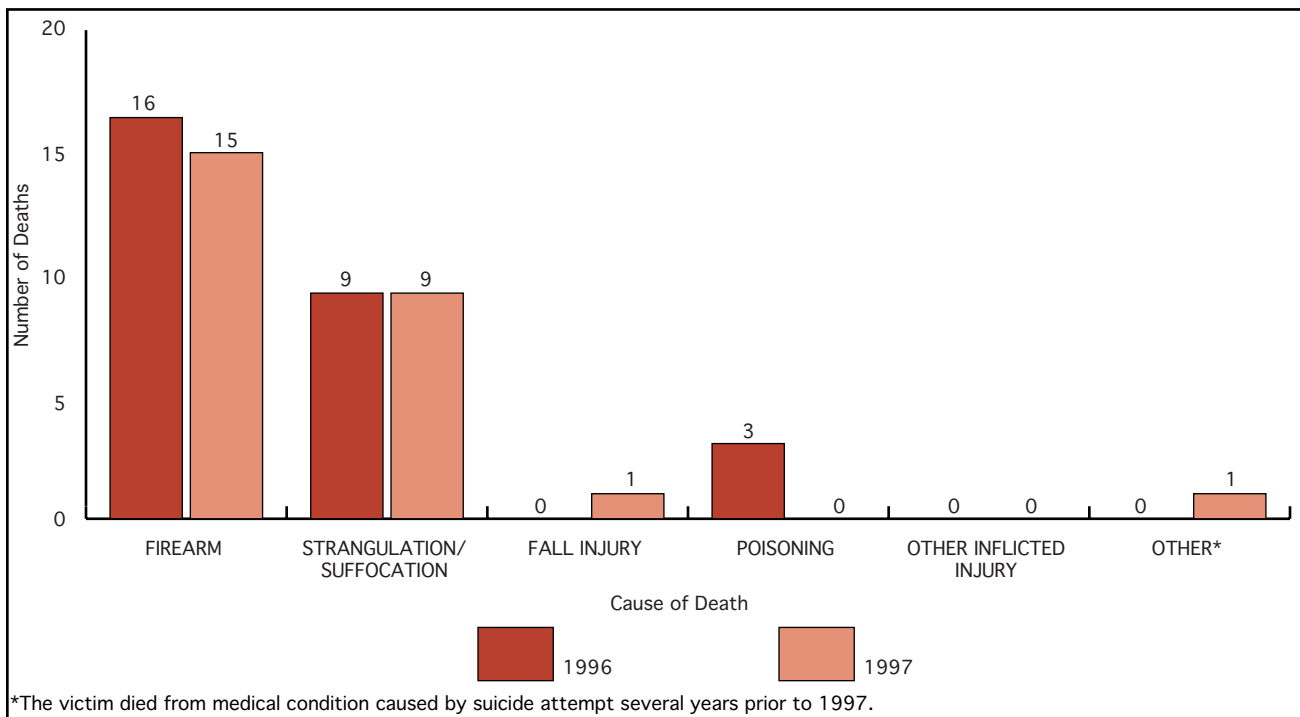
Suicides(continued)

Figure 33. 1997 Warning Signs of Suicide



Seven of the 26 suicide victims in 1997 had made prior attempts or had talked of committing suicide (Figure 33).

Figure 34. Suicides by Mechanisms



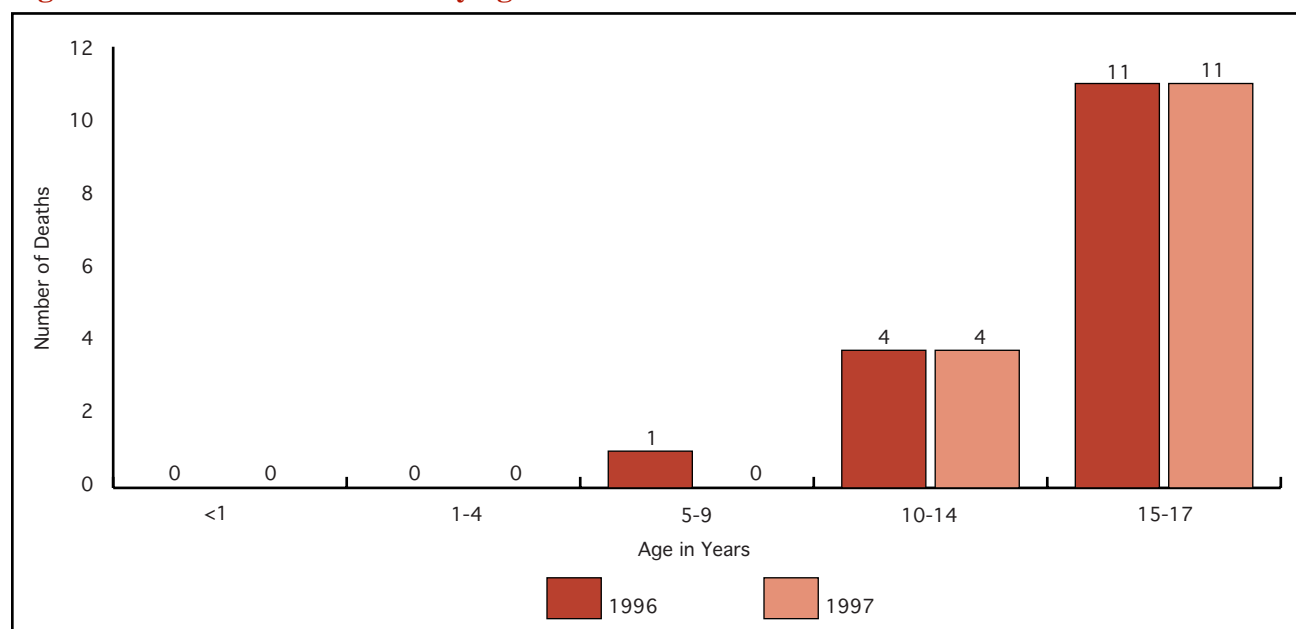
Firearm and strangulation/suffocation injuries were the most common mechanisms of suicide in 1996 and 1997 (Figure 34).

Suicides: Firearm Fatalities

Of the 26 child suicides in 1997, 15 resulted
from firearm injuries, representing
58% of all suicide-related deaths.

As shown in Figure 35, the age distribution of suicide firearm deaths remained constant from 1996 to 1997.

Figure 35. Suicide Firearm Deaths by Age



White, male children made up the majority of firearm related suicides in 1996 and 1997 (Figure 36).

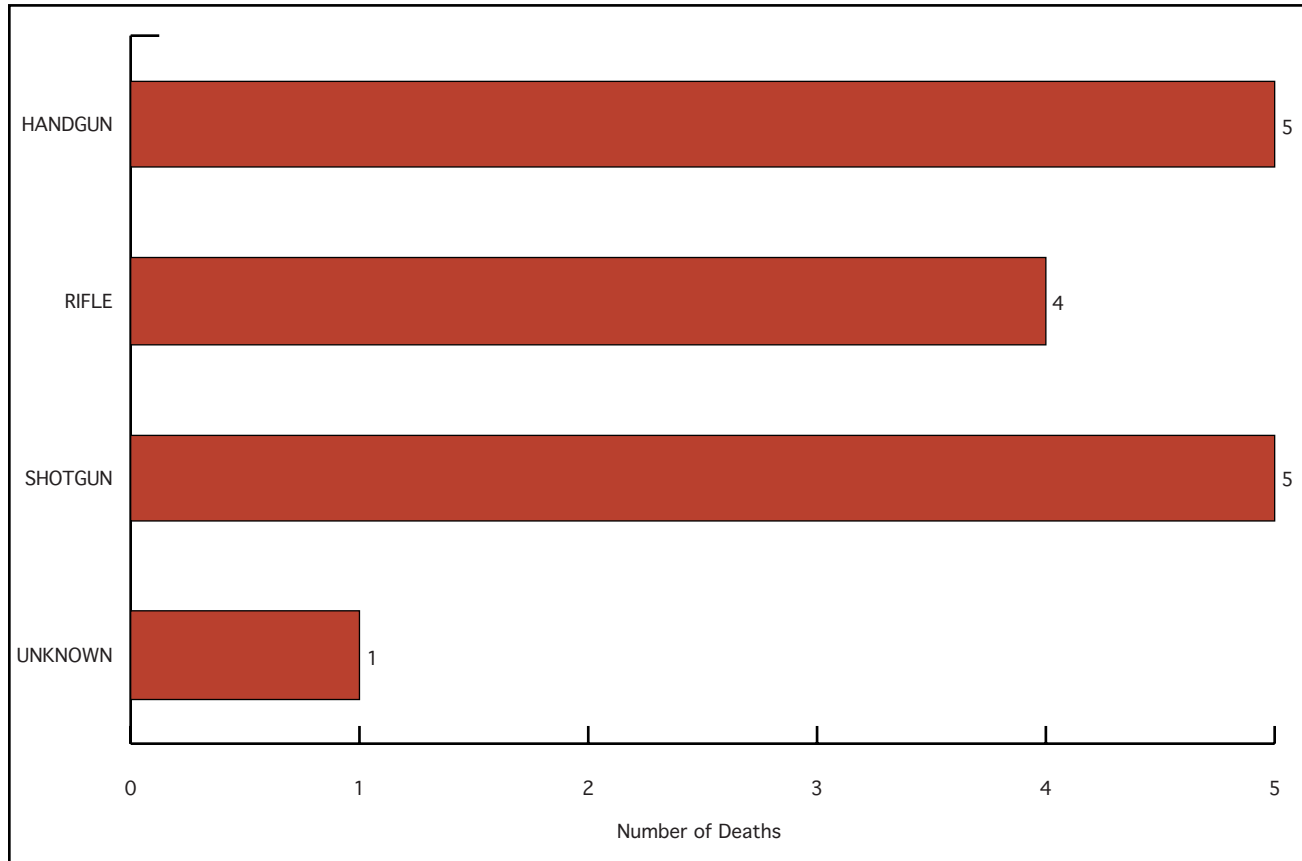
Figure 36. Suicide Firearm Deaths by Sex and Race

SEX			RACE		
	1996	1997		1996	1997
FEMALE	2	2	WHITE	14	12
MALE	14	13	BLACK	1	3
	16	15	OTHER	1	0
				16	15

Suicides: Firearm Fatalities(continued)

Handguns (5) (33%) and shotguns (5) (33%) were the most frequently used firearms in suicide deaths (Figure 37).

Figure 37. 1997 Suicide Firearm Deaths by Firearm Type

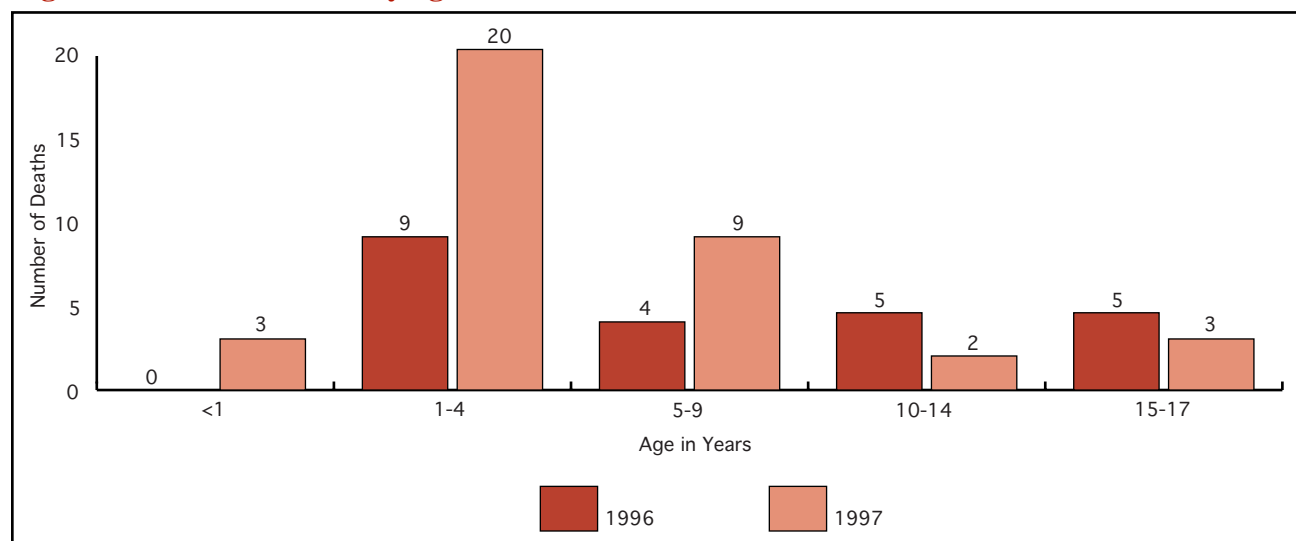


Fire/Burn Fatalities

Fire/Burn injuries were the cause of 37 deaths in 1997, representing 10.6% of injury related deaths.

As shown in Figure 38, fire/burn deaths of children in the one to four year old age group jumped 122% from 1996 (9) to 1997 (20).

Figure 38. Fire/Burn Deaths by Age



The number of female and male fire/burn victims increased from 1996 to 1997. Black fire/burn victims increased from one in 1996 to thirteen in 1997 (Figure 39).

Figure 39. Fire/Burn Deaths by Sex and Race

SEX	1996	1997
FEMALE	11	17
MALE	12	20
	23	37

RACE	1996	1997
WHITE	22	20
BLACK	1	13
OTHER	0	4
	23	37

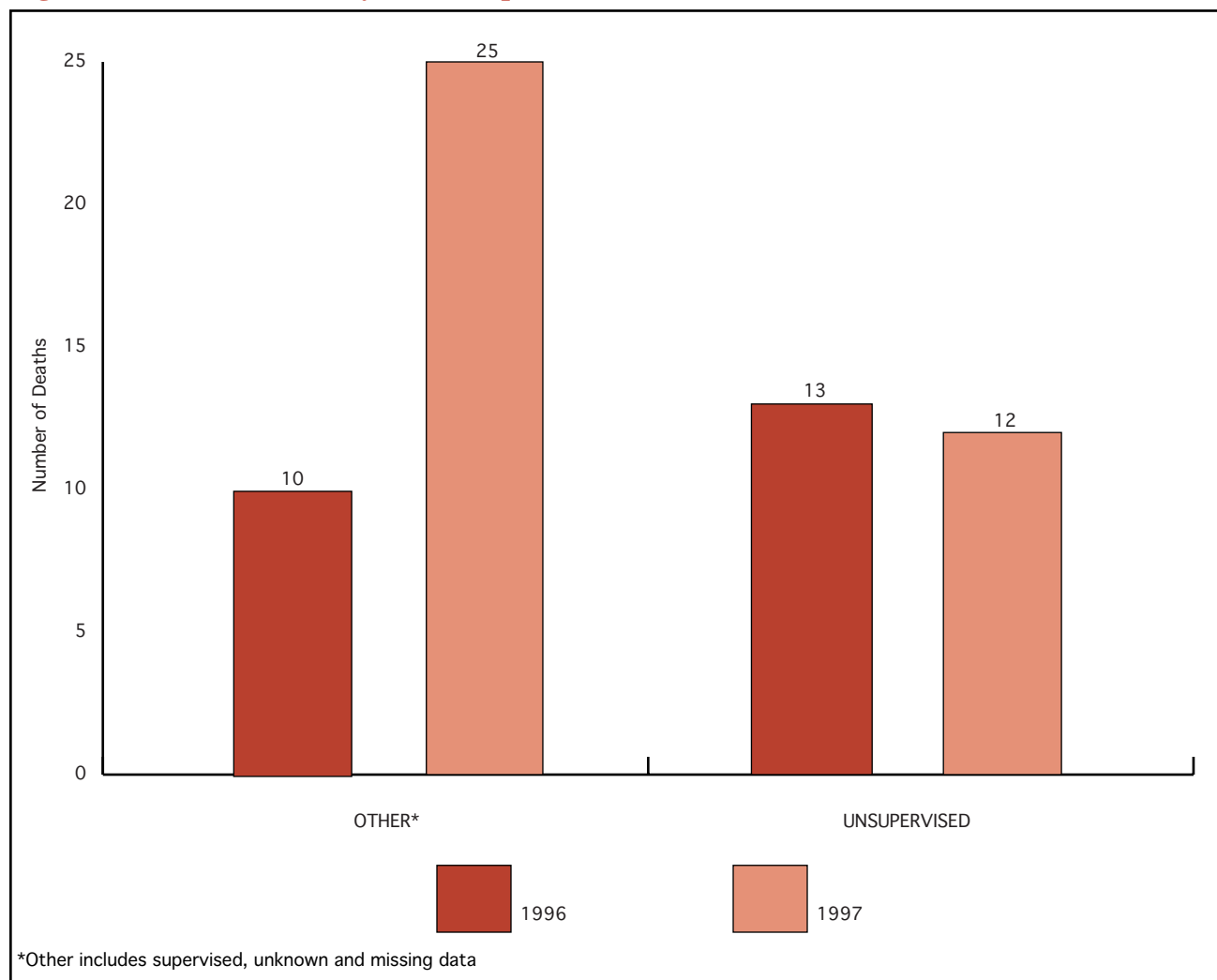
Fire/Burn Fatalities(continued)

CHILD SAVES SISTER AND BROTHER, DIES IN FIRE

A 9-year-old girl dropped her 6-year-old sister from a window and removed her younger brother to a haven inside the burning home, but died of smoke inhalation inside the home. The parents were injured but survived.

The number of known unsupervised fire/burn victims decreased by only one from 1996 (13) (57%) to 1997 (12) (32%) (Figure 40).

Figure 40. Fire/Burn Deaths by Lack of Supervision

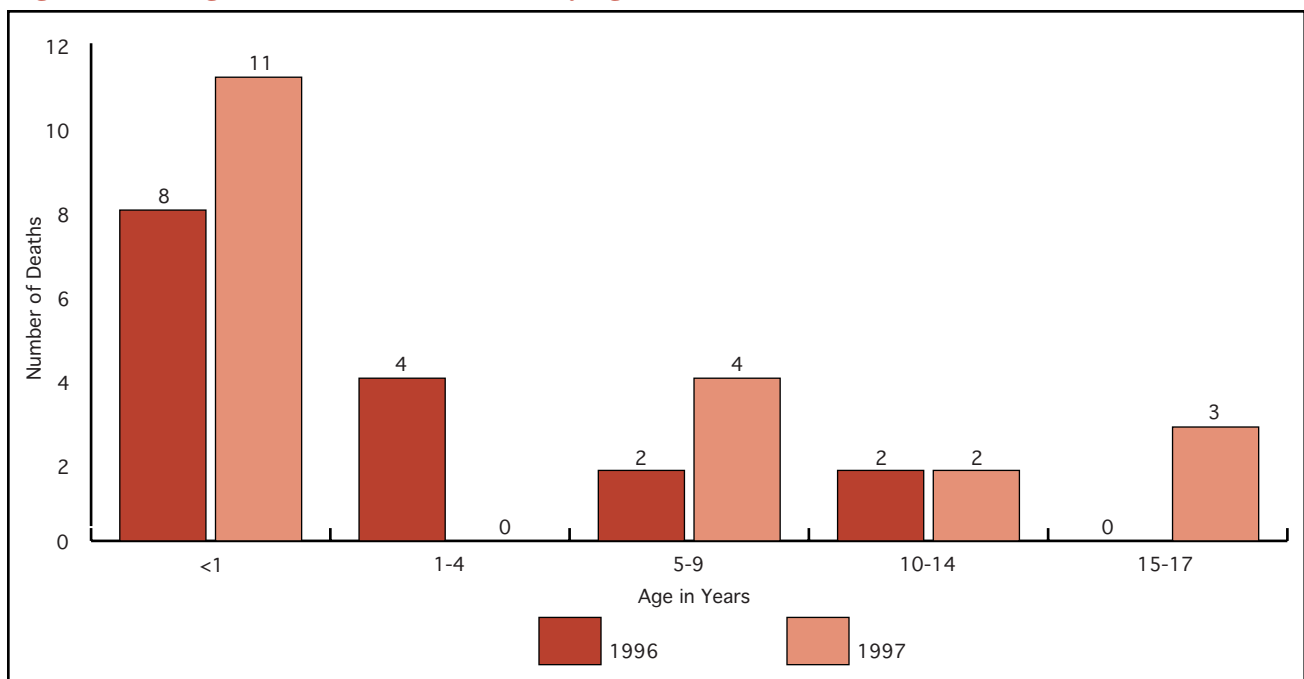


Unintentional Strangulation/Suffocation Deaths

**Strangulation/Suffocation was the cause of 20 deaths
in 1997, representing 5.7% of injury-related deaths.**

As shown in Figure 41, at least 50% of strangulation/suffocation deaths involved children less than one year of age in 1996 (8) and 1997 (11).

Figure 41. Strangulation/Suffocation Deaths by Age



Male children that died by strangulation/suffocation increased 89% from 1996 (9) (56%) to 1997 (17) (85%). The majority of strangulation/suffocation deaths involved white children in 1996 (12) (75%) and 1997 (18) (90%) (Figure 42).

Figure 42. Strangulation/Suffocation Deaths by Sex and Race

SEX	1996	1997	RACE	1996	1997
FEMALE	7	3	WHITE	12	18
MALE	9	17	BLACK	4	2
	16	20		16	20

Unintentional Strangulation/Suffocation Deaths (continued)

TEEN SISTER SHOCKED BY BROTHER'S "HUFFING" DEATH

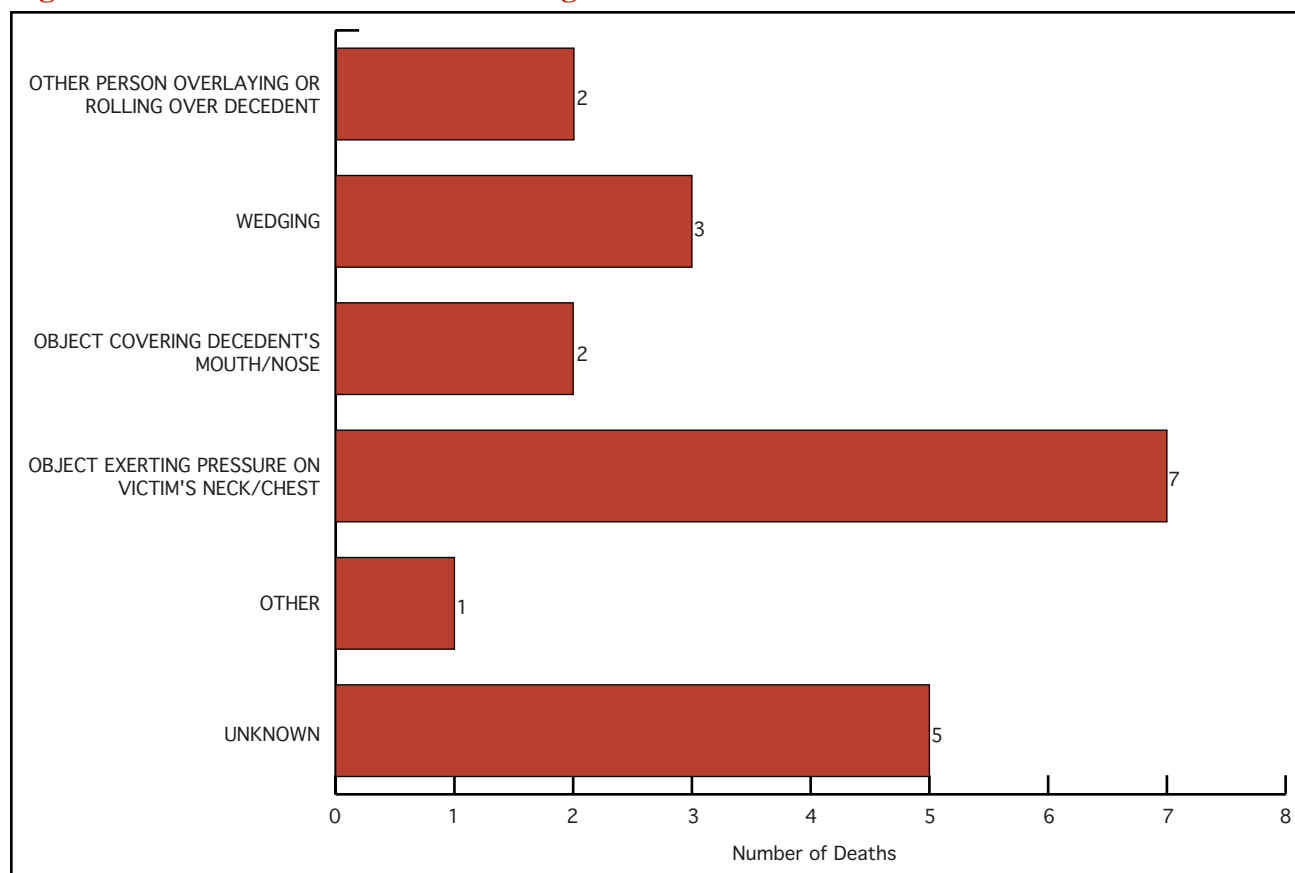
Boy, 14, dies after breathing butane. Death was attributed to asphyxiation from inhaling butane. Butane, when inhaled, blocks oxygen flow to brain and disrupts heart rhythm, according to local child forensic pathologist. Other inhalants commonly used for "huffing" are hair spray, paint, deodorant and an unending supply of over-the-counter aerosol products. Youngsters consider "huffing" a cheap high.

INFANT FOUND DEAD IN PARENT'S WATERBED

A two-month-old infant was put to bed in his mother's waterbed with pillows tucked around him for protection. Believing the baby was safe, the mother and her 3-year-old son fell asleep in the same bed. The mother awoke in the morning to find the 3-year-old, still asleep, on top of the infant.

The majority of unintentional strangulation/suffocation deaths were caused by an object exerting pressure on the victim's neck or chest (7) (35%) (Figure 43).

Figure 43. 1997 Cause of Unintentional Strangulation/Suffocation Deaths

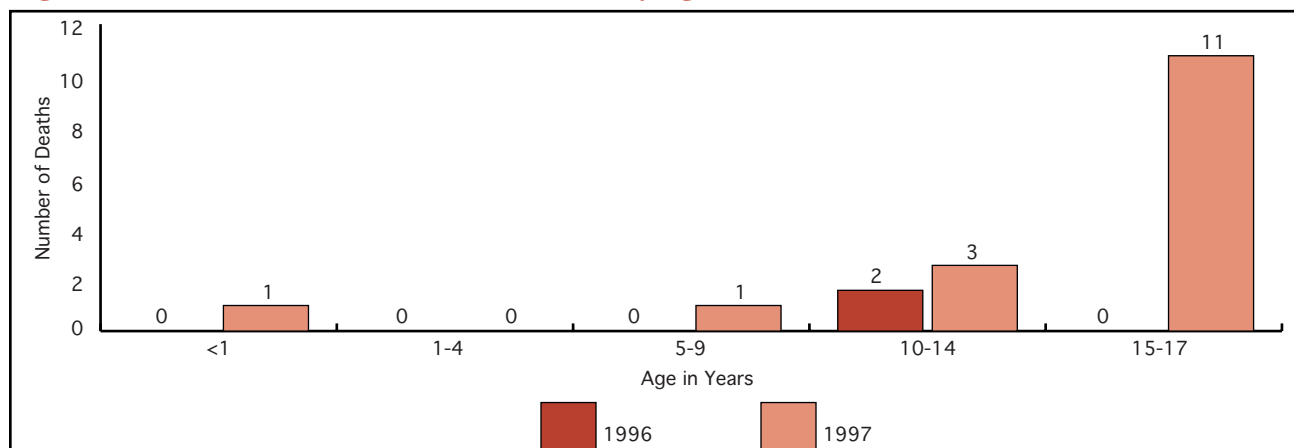


Unintentional Firearm Fatalities*

Unintentional firearm injuries were the cause of 16 deaths in 1997, representing 4.6% of injury related deaths.

The 15 - 17 year old age group recorded 69% of the fatalities in 1997. One hundred percent of the fatalities in 1996 were in the 10 - 14 year old age group (Figure 44).

Figure 44. 1997 Unintentional Firearm Fatalities by Age



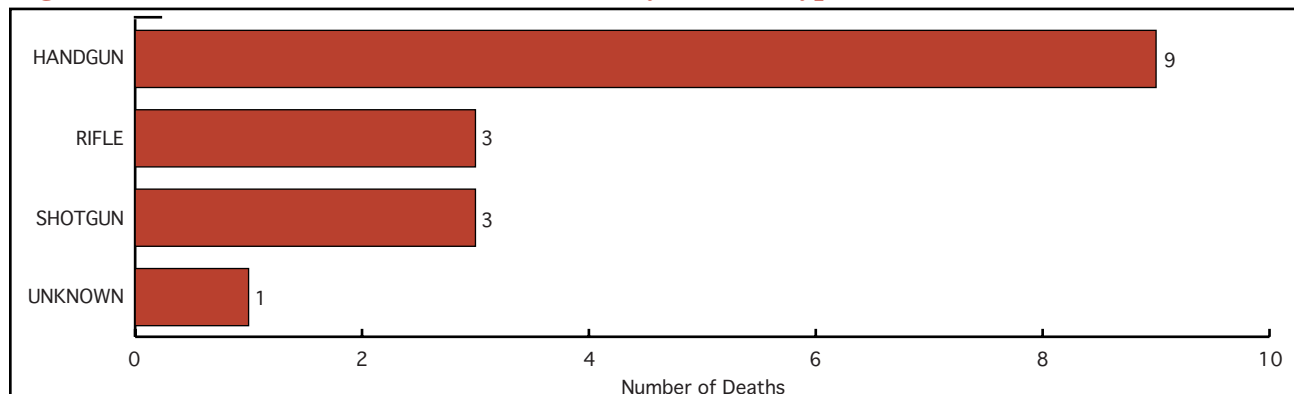
Unintentional firearm fatalities involved all males in 1996 and 1997. White children were involved in all the fatalities in 1996 and the majority of fatalities in 1997 (Figure 45).

Figure 45. Unintentional Firearm Fatalities by Sex and Race

SEX	1996	1997	RACE	1996	1997
FEMALE	0	0	WHITE	2	10
MALE	2	16	BLACK	0	6
	2	16		2	16

As shown in Figure 46, handguns were the firearm type involved in 56% (9) of the fatalities in 1997.

Figure 46. 1997 Unintentional Firearm Fatalities by Firearm Type



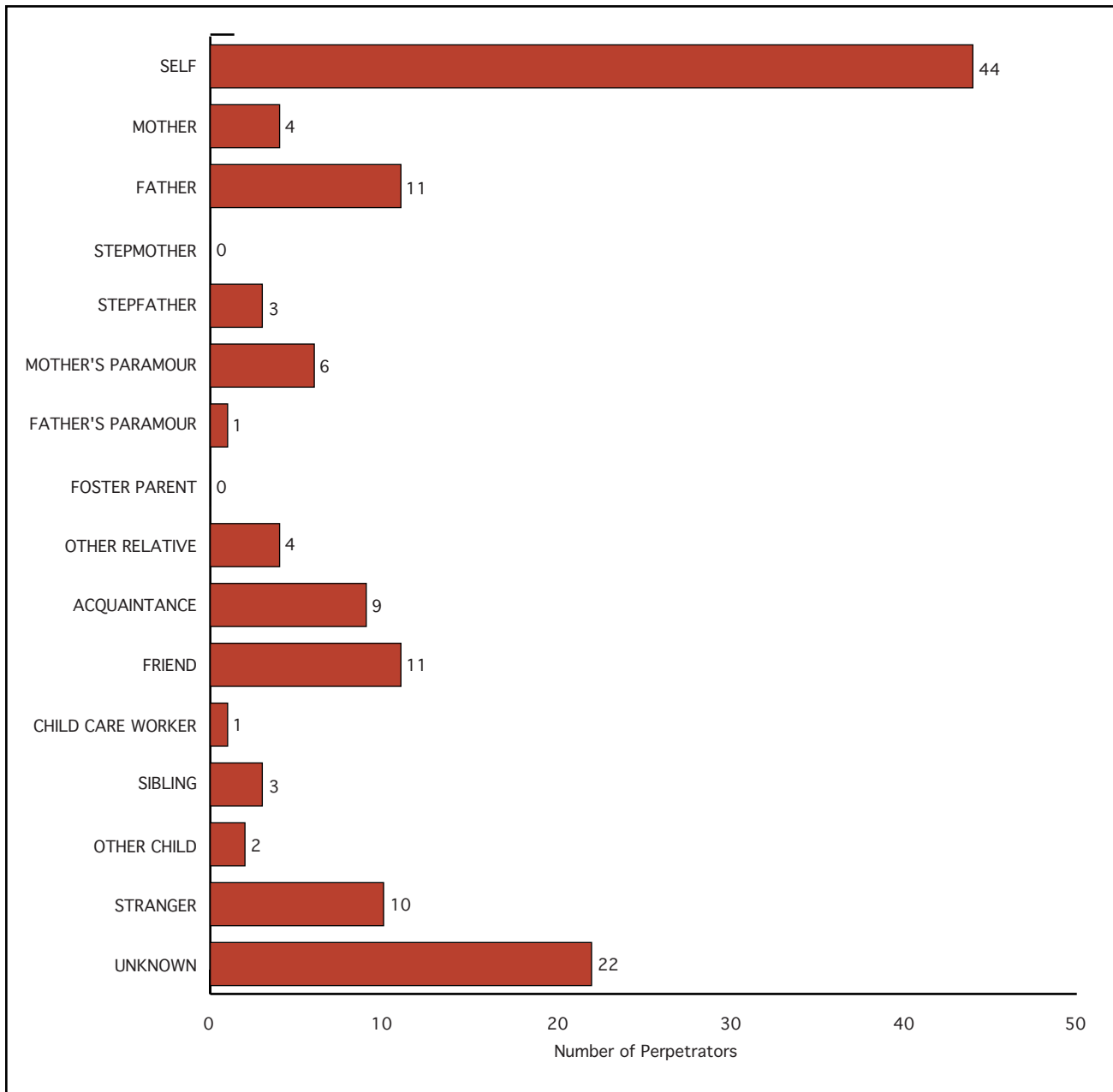
*Unintentional deaths only. Thirty-six additional firearm deaths were recorded - twenty-one homicides and fifteen suicides.

Reviewed Injury Fatalities

A reviewed fatality is defined as a fatality that has been reviewed by a local CFRP review panel and reported on a Data Form 2. During 1997, 287 injury fatalities were reviewed. Of those fatalities, 98 resulted from assault. Sixty-seven of the fatalities were the result of intentionally inflicted injury. Thirteen of the fatalities were drug related and eight were gang related fatalities. Eighteen of the fatalities occurred during the commission of a crime.

In the majority of reviewed injury fatalities, the perpetrator was also the victim (44). Other prevalent perpetrator types included fathers and friends (Figure 47).

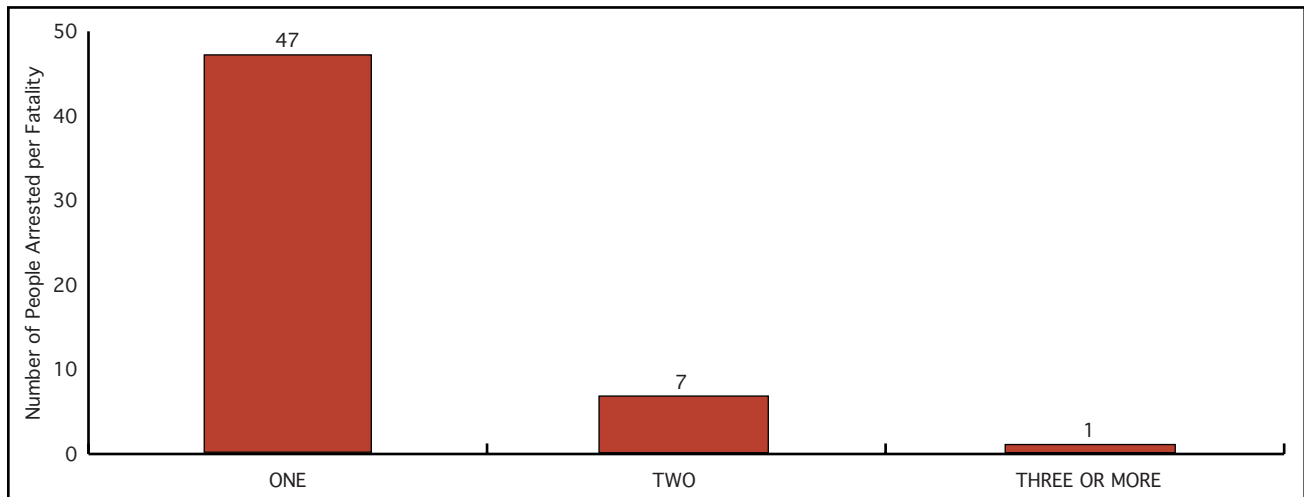
Figure 47. 1997 Perpetrator Demographics for Reviewed Injury Fatalities



Reviewed Injury Fatalities (continued)

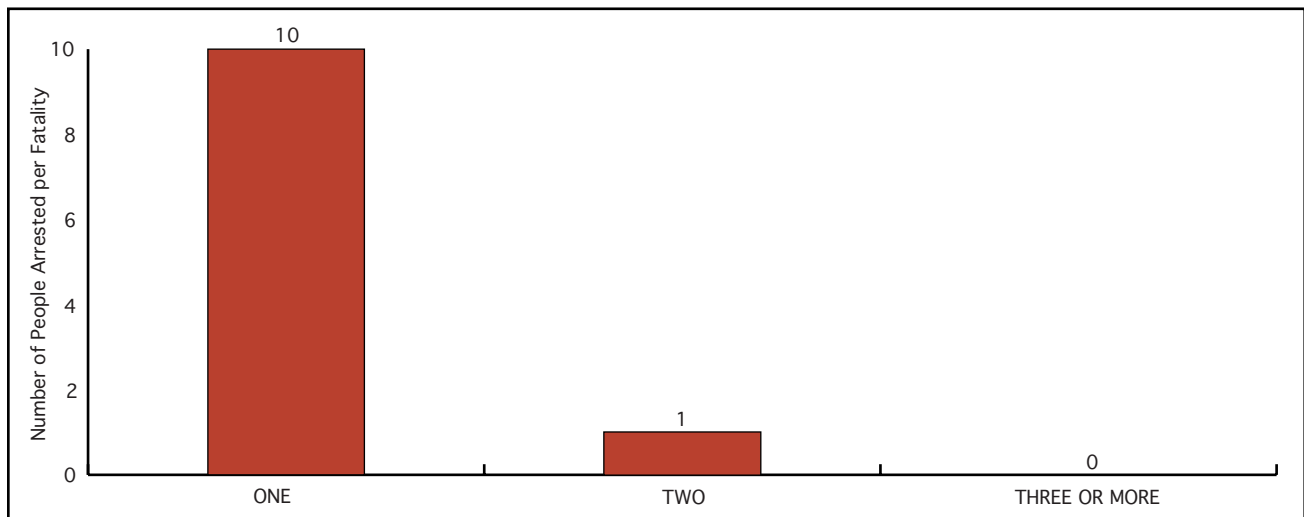
In 1997, perpetrators were charged with crimes or arrested in 55 of the injury fatality cases reviewed. Eighty-five percent (47) of the fatalities had only one person arrested (Figure 48). Twenty-nine of the 55 fatalities were committed by individuals responsible for the supervision of victims at the time of the fatal injury.

Figure 48. 1997 People Arrested or Charged per Injury Fatality



Eleven (20%) of the injury fatalities that were reviewed involved perpetrator(s) under the age of 18 (Figure 49).

Figure 49. 1997 People Under 18 Years of Age Arrested or Charged per Injury Fatality

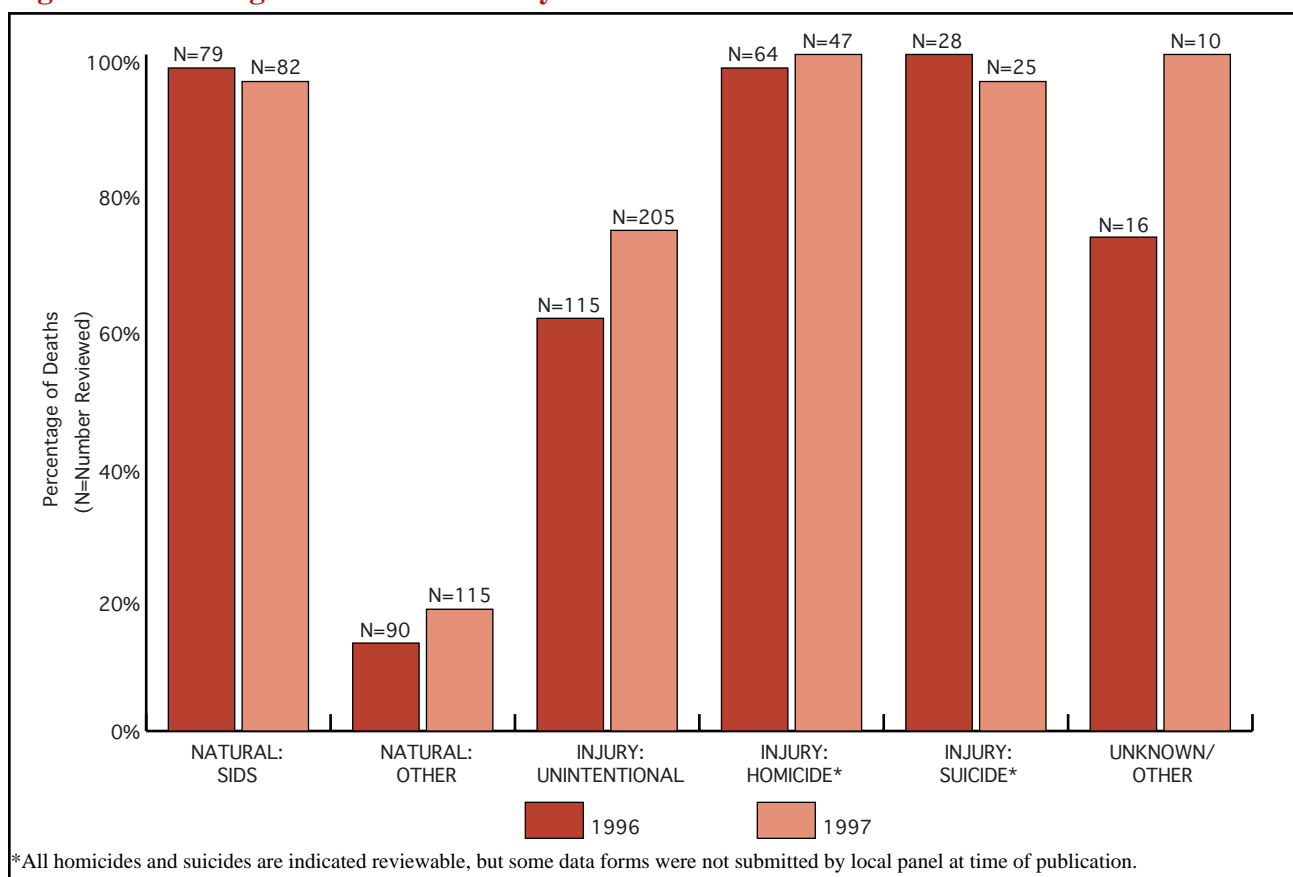


CFRPPanelReviewedCases

After the initial investigation of a death, the coroner/medical examiner and the county CFRP panel chairperson decide whether the case meets the criteria for further review by the CFRP panel. These criteria include situations where the cause of death is unclear or the possibility exists that child abuse/neglect was involved. See Appendix 7 for a complete listing of review criteria.

The percentage of deaths reviewed by CFRP panels varied with the cause of death. (It should be noted that the cause of death may not be determined at the time of review.) As shown in Figure 50, the review rate for SIDS deaths remained relatively the same from 1996 to 1997, as opposed to the (non-SIDS) natural-cause deaths where the review rate increased from 13% in 1996 to 18% in 1997. Among injury deaths, 98% of homicides in 1996 were reviewed and 100% of homicides in 1997 were reviewed.

Figure 50. Percentage of Deaths Reviewed by CFRP Panels

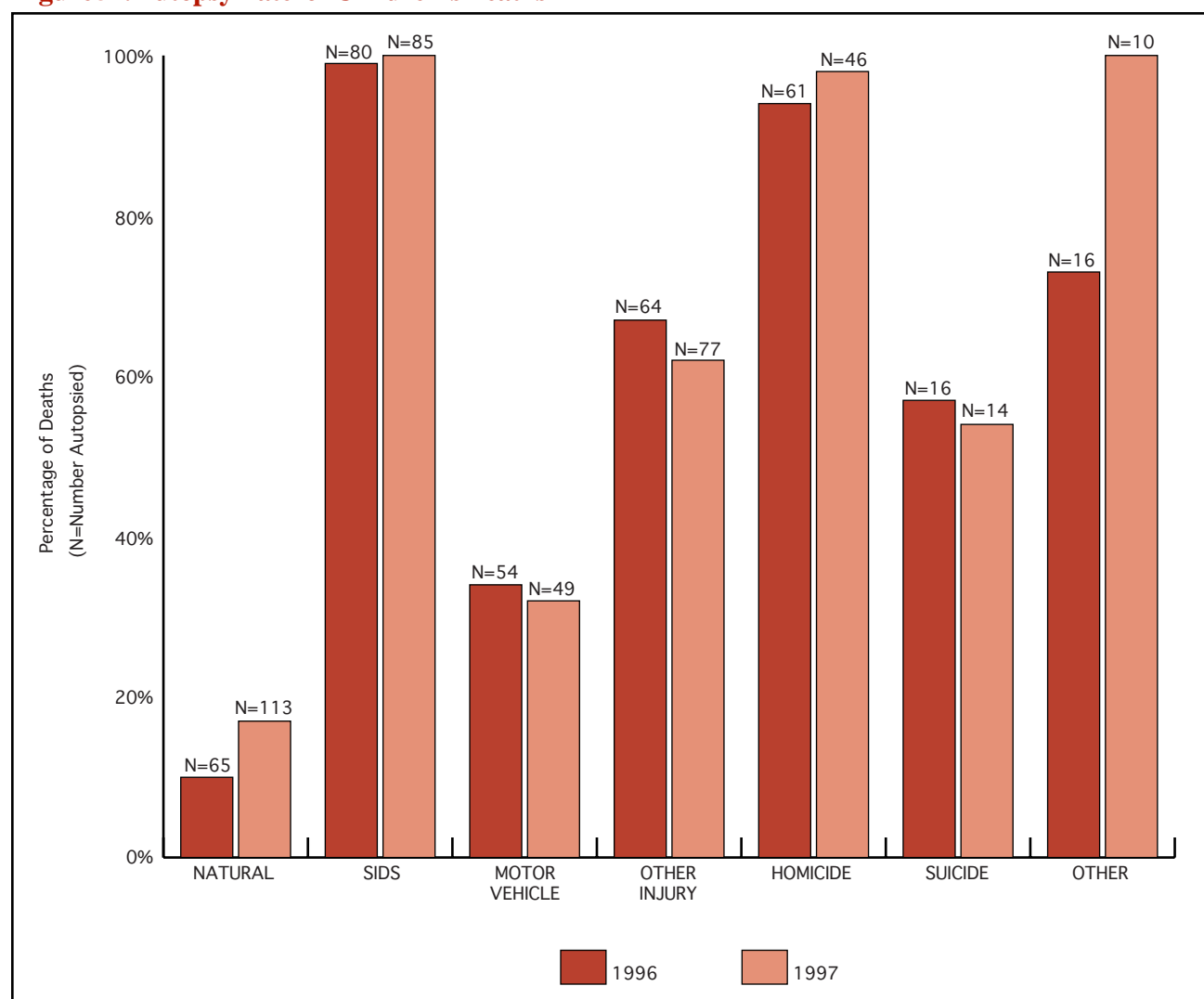


Autopsies

The autopsy is a critical component in accurately determining the cause of death, especially in the case of SIDS. The diagnosis of SIDS requires an autopsy in order to exclude other causes of death such as shaken/impact syndrome. RSMo 194.117 requires that an autopsy be performed for all children from one week to one year of age who die in a sudden, unexplained manner. The autopsy is performed at the expense of the state.

Autopsies were performed in 36% of all children's deaths in 1997 compared to 31% in 1996. As shown in Figure 51, autopsies were performed in 17% of natural deaths in 1997 and 10% in 1996, 100% of SIDS deaths in 1997 and 99% in 1996, 32% of motor vehicle deaths in 1997 and 34% in 1996, 62% of other unintentional injury deaths in 1997 and 67% in 1996, 98% of homicides in 1997 and 94% in 1996, and 54% of suicides in 1997 and 57% in 1996, and 54% of suicides in 1997 and 57% in 1996, and 54% of suicides in 1997 and 57% in 1996.

Figure 51. Autopsy Rate for Children's Deaths



CHILD FATALITY REVIEW PROGRAM OVERVIEW AND DATABASE DEFINITIONS

Due to the complexity of data from the Child Fatality Review Program, a brief introduction to the program and definitions of key variables and concepts is presented here. We hope this will facilitate requests for data and interpretation of data from the program's database.

Program Overview

Concern about the possible under-reporting of Missouri child deaths related to abuse and neglect led in 1991 to passage of House Bill 185, which resulted in creation of the state Child Fatality Review Program (CFRP). The stated goals of the project were:

- Implement a multi-disciplinary approach to investigating child fatalities;
- Improve outcomes of investigations of child fatalities;
- Improve accuracy in reporting causes of child fatalities; and
- Guide prevention efforts of child injuries and fatalities.

The Department of Social Services and the State Technical Assistance Team (STAT) were given primary responsibility for implementing the legislation. STAT organized a state advisory panel and a child fatality review panel in each county and the City of St. Louis to review deaths of children from birth through age 17 years. Each child death is reviewed by the coroner or medical examiner and the county CFRP chairperson, and the findings of that review are reported on the Coroner/Medical Examiner Data Report (Form 1). Deaths resulting from *unexplained causes, non-motor vehicle injuries* or *suspected abuse or neglect* are of particular concern; these are referred to the full CFRP panel for review.

Each CFRP panel is multi-disciplinary, being composed of the coroner or medical examiner, public health nurse or physician, emergency medical personnel, prosecuting attorney, law enforcement officer, Division of Family Services representative, juvenile officer and, as appropriate, others such as educators or fire investigators. Panel members have been trained in skills relevant to investigating child deaths. Results of the review by the full panel are reported on the Child Fatality Review Panel Data Report (Form 2). In addition to conclusions about the cause of death, information about criminal proceedings and findings of child abuse or neglect by the Department of Social Services are reported on Data Form 2. These data forms are collected and analyzed by STAT.

Missouri Incident Fatalities

"Missouri incident fatalities" refers to only those child deaths included in the CFRP program. Missouri incidence deaths, defined further below, are those deaths of children 0-17 years of age which occur within the state of Missouri, except that deaths resulting from injury or other causes which occur outside the state are excluded. Though by law all child deaths occurring in Missouri are reported, the Missouri-incident deaths are of primary interest, and the most complete data are collected on these cases.

CFRPDatabase

Beginning with 1992 childhood deaths, a child fatality surveillance data system maintained by STAT has been collecting, analyzing and reporting data on child fatalities. This system uses data from the Child Fatality Review Program (Data Form 1 and Data Form 2) as well as from death and birth certificate files, data on Medicaid eligibility and data on substantiated child abuse and neglect deaths from the Division of Family Services. Use of diverse sources produces more complete information on each childhood fatality.

Data Forms 1 and 2 were revised beginning in 1994. Several items were changed in format or in content to better capture the needed data. The forms were revised again in 1995 and 1996, each revision was an effort to improve the data collection methods. As an example, the inclusion of Division of Family Services Child Abuse/Neglect Hotline history, household demographics, and caregiver demographics have greatly facilitated interaction of the panel with the local community, thus better identifying community prevention needs and remedies in the early stages of the event. Copies of the 1996 Form 1 and Form 2 are attached.

CausesofDeath

The mortality file supplied by the Department of Health and CFRP reports include data on cause of death, but from slightly different perspectives. Mortality file deaths are coded in terms of the ICD-9 (International Classification of Diseases 9th Revision) system, which requires interpretation of injury deaths in terms of whether the injury was intentional. The CFRP classification system attempts to provide additional information on the behaviors which contribute to child death and does not require judgments about intentionality.

The ICD-9 classification of cause of death is encouraged for most data collection, both because it is more widely known and used and because the CFRP system provides limited information on homicides and intentional injuries. CFRP data will be most useful when information about behaviors contributing to cause of death is needed and when the focus is on behaviors rather than on intent. When requesting data from the CFRP database, any data not identifying specific individuals may be released to individuals or organizations interested in child fatality-related issues. The following definitions are intended to facilitate such requests.

Definitions of Important Terms and Variables

Certified Death :

Death included in the Missouri Center for Health Statistics (MCHS) mortality file, reported by death certificate.

Missouri Incident Death :

Death within Missouri of a child younger than 18 years. On the basis of data from the CFRP Data Form 1 or Data Form 2, one of the following is true:

- The child died as a result of an injury which occurred in Missouri.
- The child died as a result of a natural (non-injury) cause which occurred, or is assumed to have occurred, within Missouri. (This excludes deaths due to illness or other natural cause which occurred outside Missouri; e.g., at a non-Missouri residence.)
- The child was born in Missouri and died as a newborn (within ten days of birth) without having left the state. (Such children are included regardless of the assumed place of occurrence of the cause of death or of the residence of the child or the child's family.)

Missouri incident is determined by use of data reported on Data Form 1, and no death is considered a Missouri-incident death until Data Form 1 has been received.

CFRP Cause of Death :

Cause of death as reported on CFRP Data Forms 1 and 2. The forms include a category for natural cause, which specifies malnutrition/dehydration, delayed medical care, apparent lack of supervision and known illness (which includes congenital anomalies and perinatal conditions), Sudden Infant Death Syndrome (SIDS), sudden unexplained death (as defined elsewhere) and injuries classified by the type of agent or force which caused the injury (i.e., vehicular, drowning, firearm, fall, poisoning). The CFRP classification provides no indication of whether the injury was intentional; thus, homicide is not included as a cause in this system. The CFRP does provide for an indication of whether or not the injury was inflicted, that is, whether it occurred as a result of the action of another person, without regard to intent or purpose of the action. If the case is referred to the CFRP panel for review, Data Form 2 is completed to report the findings of the panel. The Data Form 2 report includes information on DFS findings regarding possible child abuse or neglect and information related to criminal proceedings.

Mortality File Cause of Death :

The Mortality File lists cause of death as reported by ICD-9 code on Missouri death certificates. The ICD-9 coding classification system includes natural causes such as various diseases, congenital anomalies, perinatal conditions and certain ill-defined conditions (which includes SIDS). The injury classification includes those identified as "accidents" (unintentional), those considered intentional (homicide, suicide) and those with undetermined intent. Injury deaths are further classified by the type of agent or force which caused the injury (i.e., motor vehicle crash, firearm, poisoning, burn, fall, drowning).

Mortality File Manner of Death :

Cause of death reported in mortality file was formatted to conform to “Manner of Death” variable in the death certificate. This includes six categories based on the ICD-9 code: Natural; Accident (unintentional injury); Suicide; Homicide; Undetermined; and Pending Investigation.

Sudden Infant Death Syndrome (SIDS) :

Sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

- Mortality File SIDS: Death by SIDS, as defined operationally by being reported in the mortality file associated with the ICD-9 code 7980.
- CFRP SIDS: Death by SIDS, as defined operationally by being reported in the CFRP file, from Data Form 1 or Data Form 2, as due to SIDS.

Sudden, Unexplained Death (SUD) :

Sudden death of an infant less than one year of age due to unexplained cause, suggesting SIDS but not yet having the postmortem examination, scene investigation, or review of social and medical history needed for SIDS designation. Defined operationally by being reported as SUD in Data Form 1.

Reviewable Death :

Death which has been reported by Data Form 1 as requiring review by the CFRP review panel, whether or not the review has yet been completed and reported. The Data Form 1 report is required for all child deaths that occur in Missouri, and includes an indication of whether a review of that death will be required. If Data Form 1 indicates a reviewable death, Data Form 2 should be completed after the review.

Reviewed Death :

Death that has been reviewed by a local CFRP review panel and reported on Data Form 2.

Mortality File County of Death :

The county, reported in the mortality file, in which the death was officially recorded. May be a Missouri or non-Missouri county.

CFRP County of Death :

The county, reported by the Data Form 1 or Data Form 2, in which the death occurred. Only deaths in Missouri are included in the CFRP database.

CFRP County of Incident :

The county, reported by Data Form 1 or Data Form 2, in which the fatal illness, injury, or event occurred. If the county of incident is a Missouri county, the death is by definition a Missouri incident death. If the county of incident is outside the state of Missouri, the death is by definition not a Missouri incident death. If the county of death is in Missouri but the county of incident is not, only identifying information (Section A of Data Form 1) is requested.

CFRP County of Residence :

The county, reported by Data Form 1 or Data Form 2, as the county of decedent's residence may be a Missouri or non-Missouri county. If the child is a newborn, the newborn's county of residence is the mother's county of residence.

CFRP Region :

Location, reported by Data Form 1 or Data Form 2, in which the fatal illness, injury, or event occurred, formatted to conform to the seven geographic regions defined for the CFRP program.

Child Abuse/Neglect (CA/N) :

Death for which Division of Family Services (DFS) reports substantiated child abuse or neglect. Substantiation may result from DFS investigation or court adjudication. As a cause of death, abuse refers to physical, sexual or emotional maltreatment or injury inflicted on a child, other than accidentally, by those responsible for the child's care, custody and control, except that discipline, including spanking, administered in a reasonable manner, shall not be construed to be abuse. Neglect refers to failure by those responsible for the child's care, custody and control to provide the proper or necessary support, education, nutrition, medical care or other care necessary for the child's well-being.

Unsupervised Death :

Death for which data from Data Form 1 and Data Form 2 suggest that the decedent may not have had adequate supervision at time of the fatal injury or death event. Defining variables include reports that the event was unwitnessed, that the caretaker was asleep at the time (except during normal sleeping hours), that the caretaker was incapacitated due to alcohol or drugs, or that there was no adult caretaker.

Mortality File Abuse/Neglect :

Death for which the ICD-9 code in the mortality file indicates abuse or neglect. Relevant ICD-9 codes are 904.0, 967, and 968.4. These abuse/neglect deaths are usually under-reported relative to those reported by DFS as substantiated child abuse or neglect.

Mortality File Homicide Death :

Death due to homicide, as reported by ICD-9 codes 960-979. Homicide is not defined on Data Forms 1 or 2. Child abuse/neglect deaths as determined by DFS are not necessarily coincidental with homicides, since CA/N deaths, by definition, are committed by a caretaker who has care, custody or control of the child at the time.

Mortality File Suicide Death :

Death due to suicide, as reported by ICD-9 codes 950-959.

Mortality File Autopsy :

Indication from mortality file that decedent was autopsied.

CFRP Autopsy :

Indication from CFRP file that decedent was autopsied.

Maltreatment Death :

Death operationally defined as being due either to homicide, as reported in the mortality file, or to substantiated child abuse/neglect, as reported by DFS.

Violent Death :

Death operationally defined as being due either to homicide (including those homicides due to child battering or other maltreatment) or suicide, as reported in the mortality file.

Appendix 1. Missouri Child Fatality Review Program Members

Department of Social Services, State Technical Assistance Team

Richard Easter, Director
Rodney Jones, Senior Investigator
Kathleen Loyd, Investigator
Larry Wyrick, Investigator
Dan Mesey, Investigator
Stan Crofer, Investigator
Linda Jensen Rapps, Technical Investigator
Theresa Murrell, Secretary
Jerry Holder, Urban Case Coordinator, Jackson County
Debbie McDermott, Urban Case Coordinator, St. Louis City
Suzanne McCune, Urban Case Coordinator, St. Louis County

State Child Fatality Review Panel

Gus Kolilis, Panel Chair and Police Chief of Missouri Capitol Police
Roger Barr, Juvenile Officer, 42nd Judicial Circuit
Susan Blue, Social Services Supervisor III, Area 4E Division of Family Services Office
Dan Campbell, Marion County Sheriff
Chief David Niebur, Joplin Police Department
Eddie Wilson, Missouri Coroner/Medical Examiner's Association
Dr. Jay Dix, Boone County Medical Examiner
Dr. Debra Howenstein, Boone County Health Department
Mary Greer, Prosecuting Attorney, Morgan County
Robert Geigle, EMS Supervisor, St. Louis City EMS
Gerry Redden, Founder and Executive Director, National Center for Violence Prevention

Child Fatality Review Program, Appointed Volunteer Regional Coordinators

Catheryn Smith, Juvenile Officer, 3rd Circuit Court
Cathie VanMatre, Chief Juvenile Officer, 12th Circuit Court
Dorothy Adams, Dunklin County Division of Family Services, Department of Social Services
Helen Shore, County Director, Newton County Division of Family Services, Department of Social Services

Medical Consultants

Douglas Beal, MD, FAAP, MS, Pediatric Specialist
Lori Frasier, MD, Pediatric Specialist

Appendix 2. Mandated Activities for Child Fatalities

Every county must have a multi-disciplinary child fatality review panel (114 counties and City of St. Louis).

The county panel must consist of at least the following seven core members: prosecuting attorney, coroner/medical examiner, law enforcement representative, Division of Family Services representative, public health representative, juvenile officer and emergency medical services representative. Panels may elect to have additional members.

All deaths, ages birth to 17, must be reported to the coroner/medical examiner.

Children, age one week to one year, who die in a *sudden, unexplained* manner must have an autopsy.

A state child fatality review panel must meet at least twice per year to review the program's progress and identify systemic needs and problems.

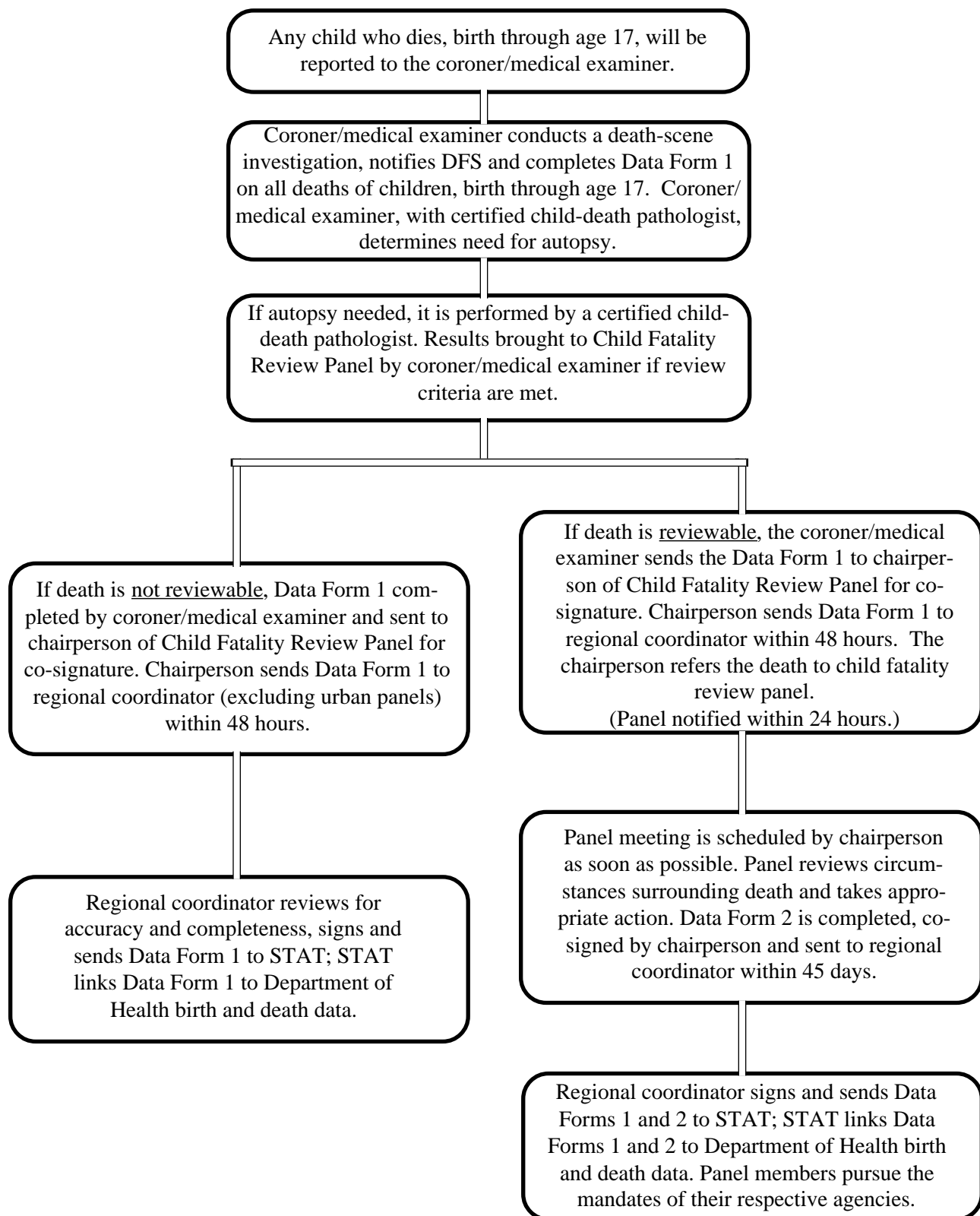
Panels must use uniform protocols and data collection forms.

Certified child-death pathologists must perform the autopsies.

Knowingly violating reporting requirements is a Class A misdemeanor.

When a child's death meets the criteria for review, activation of the panel must occur within 24 hours of the child's death, with a meeting scheduled as soon as practical.

Process for Child Fatality Reviews



Appendix 4. Missouri Incident Child Deaths (Age less than 18) by County

County of Event	All Deaths			Reviewed Deaths			Injury Deaths			Census Population
	1995	1996	1997	1995	1996	1997	1995	1996	1997	
ADAIR	2	5	3	1	1	0	2	1	0	4,926
ANDREW	2	2	1	2	0	1	2	2	0	4,128
ATCHISON	0	1	0	0	0	0	0	0	0	1,598
AUDRAIN	4	5	1	1	2	1	1	0	1	6,257
BARRY	6	4	6	6	3	2	2	3	4	8,278
BARTON	3	3	6	2	1	3	3	1	4	3,155
BATES	1	3	3	1	1	0	1	1	3	4,129
BENTON	0	2	0	0	2	0	0	0	0	3,540
BOLLINGER	1	0	4	0	0	1	1	0	4	3,017
BOONE	38	40	38	8	6	9	4	7	9	29,949
BUCHANAN	13	14	11	6	4	5	2	2	3	21,281
BUTLER	7	10	13	2	3	9	2	5	6	10,470
CALDWELL	0	2	2	0	1	2	0	1	2	2,268
CALLAWAY	7	5	5	4	4	4	4	2	3	9,604
CAMDEN	8	10	2	4	6	1	5	7	0	7,257
CAPE GIRARDEAU	16	8	12	4	3	6	6	2	4	15,991
CARROLL	1	2	0	1	0	0	1	2	0	2,663
CARTER	1	4	3	0	1	2	1	3	1	1,746
CASS	4	5	5	1	3	2	2	3	1	22,635
CEDAR	1	0	2	0	0	2	0	0	1	3,029
CHARITON	2	3	0	0	3	0	2	2	0	2,259
CHRISTIAN	7	4	3	2	3	0	3	2	3	13,463
CLARK	1	0	0	0	0	0	0	0	0	2,038
CLAY	13	19	14	8	9	10	5	9	7	44,917
CLINTON	3	1	3	1	0	3	3	1	1	5,163
COLE	9	7	9	6	6	3	6	2	2	17,234
COOPER	3	1	1	0	0	1	1	1	0	3,817
CRAWFORD	6	8	3	3	5	1	1	6	0	5,910
DADE	3	2	1	2	0	1	3	1	0	1,994
DALLAS	3	4	1	2	1	1	2	3	0	4,057
DAVISS	2	0	0	2	0	0	2	0	0	2,106
DE KALB	0	0	3	0	0	0	0	0	0	2,249
DENT	4	0	2	1	0	2	4	0	2	3,719
DOUGLAS	3	4	1	3	1	0	3	2	1	3,277
DUNKLIN	9	7	5	3	4	1	2	2	1	8,803
FRANKLIN	8	19	9	7	14	8	6	12	6	26,034
GASCONADE	1	1	2	0	0	0	0	0	1	3,668
GENTRY	0	1	2	0	1	2	0	1	2	1,672
GREENE	68	77	51	16	9	14	11	16	7	52,295
GRUNDY	2	2	0	2	1	0	2	0	0	2,411
HARRISON	0	1	0	0	1	0	0	0	0	1,907
HENRY	3	3	4	1	0	1	2	0	2	5,167
HICKORY	1	1	2	0	0	2	0	1	1	1,667
HOLT	1	0	1	0	0	1	0	0	1	1,426
HOWARD	2	1	0	1	0	0	1	0	0	2,419
HOWELL	7	6	8	2	1	6	3	2	4	9,350
IRON	1	0	0	1	0	0	0	0	0	2,947

Population data is individuals under age 18 based upon the Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990 to 1997, Population Estimates Program, Population Division, U.S. Bureau of the Census, July 1997.

Appendix 4. Missouri Incident Child Deaths (Age less than 18) by County

County of Event	All Deaths			Reviewed Deaths			Injury Deaths			Census Population
	1995	1996	1997	1995	1996	1997	1995	1996	1997	
JACKSON	184	187	182	67	75	84	35	34	46	168,471
JASPER	18	15	15	10	5	10	7	10	6	25,441
JEFFERSON	24	28	26	18	22	19	10	15	15	57,703
JOHNSON	6	7	5	3	1	1	3	1	1	11,928
KNOX	0	2	0	0	2	0	0	1	0	1,041
LACLEDE	9	3	7	7	2	3	5	1	3	8,162
LAFAYETTE	5	1	7	4	0	5	2	0	3	8,590
LAWRENCE	4	11	3	3	3	1	1	3	2	8,792
LEWIS	0	0	1	0	0	0	0	0	1	2,390
LINCOLN	5	5	8	3	4	7	4	3	6	10,550
LINN	1	3	3	0	1	0	1	0	2	3,453
LIVINGSTON	2	3	2	0	1	1	2	2	0	3,576
MCDONALD	5	5	6	3	3	4	2	1	3	5,440
MACON	1	4	4	0	2	2	1	1	2	3,779
MADISON	4	1	2	1	1	1	2	1	1	2,980
MARIES	0	1	1	0	0	0	0	0	0	2,166
MARION	6	6	7	1	1	3	4	2	2	7,590
MERCER	2	0	1	1	0	1	0	0	1	899
MILLER	4	2	3	3	1	3	1	0	2	6,321
MISSISSIPPI	1	7	0	0	4	0	0	4	0	3,989
MONITEAU	1	2	1	0	2	0	0	2	0	3,651
MONROE	0	1	1	0	0	0	0	0	0	2,484
MONTGOMERY	6	3	1	3	2	1	6	1	1	3,096
MORGAN	3	2	8	1	2	6	1	1	4	4,179
NEW MADRID	2	8	9	1	5	5	0	7	8	6,143
NEWTON	14	23	10	2	5	3	2	11	4	12,760
NODAWAY	1	4	2	1	2	0	0	4	1	4,694
OREGON	1	3	0	0	1	0	1	2	0	2,372
OSAGE	1	3	3	1	1	1	1	3	2	3,495
OZARK	2	0	0	0	0	0	2	0	0	2,214
PEMISCOT	2	5	6	1	3	5	0	2	2	6,800
PERRY	3	2	3	0	1	3	1	1	0	4,899
PETTIS	2	4	13	0	1	5	1	0	4	9,621
PHELPS	10	6	11	1	1	5	4	3	4	9,266
PIKE	2	1	2	0	1	2	2	1	1	4,412
PLATTE	4	6	8	3	2	4	1	3	3	18,125
POLK	4	1	7	4	1	3	2	0	2	6,295
PULASKI	7	4	6	2	3	3	3	0	1	11,670
PUTNAM	1	2	0	0	2	0	1	2	0	1,104
RALLS	1	0	1	0	0	0	0	0	1	2,347
RANDOLPH	3	2	2	0	1	0	1	1	0	5,912
RAY	4	1	3	2	1	2	2	1	3	6,586
REYNOLDS	0	4	3	0	3	1	0	0	3	1,759
RIPLEY	2	4	4	2	1	4	1	3	2	3,725
ST CHARLES	30	29	29	22	18	17	9	11	14	79,758
ST CLAIR	2	1	1	0	0	1	1	1	1	2,120
ST FRANCOIS	18	10	13	8	1	9	9	4	11	13,866

Population data is individuals under age 18 based upon the Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990 to 1997, Population Estimates Program, Population Division, U.S. Bureau of the Census, July 1997.

Appendix 4. Missouri Incident Child Deaths (Age less than 18) by County

County of Event	All Deaths			Reviewed Deaths			Injury Deaths			Census Population
	1995	1996	1997	1995	1996	1997	1995	1996	1997	
ST LOUIS COUNTY	195	194	192	54	63	60	32	40	36	249,761
STE GENEVIEVE	2	1	1	0	0	0	1	0	0	4,808
SALINE	12	5	5	5	2	1	6	1	4	5,757
SCHUYLER	0	0	2	0	0	0	0	0	2	1,072
SCOTLAND	1	1	0	1	0	0	1	0	0	1,209
SCOTT	9	9	4	0	3	1	4	3	2	11,629
SHANNON	0	2	1	0	0	1	0	1	0	2,166
SHELBY	0	1	0	0	0	0	0	0	0	1,760
STODDARD	3	9	7	2	3	5	1	2	6	7,393
STONE	2	2	2	1	2	2	1	2	2	5,708
SULLIVAN	0	2	0	0	0	0	0	0	0	1,462
TANEY	2	7	4	1	5	2	0	3	2	7,138
TEXAS	3	4	1	3	0	1	3	0	1	6,065
VERNON	2	4	5	0	0	5	0	0	1	5,057
WARREN	2	4	1	0	3	1	2	0	1	6,650
WASHINGTON	3	5	1	2	0	1	2	3	1	6,804
WAYNE	3	11	1	1	5	1	2	9	1	3,059
WEBSTER	7	4	5	2	2	2	5	3	2	8,204
WORTH	1	0	1	0	0	1	0	0	1	565
WRIGHT	1	3	3	0	0	2	1	1	1	5,457
ST LOUIS CITY	184	162	186	81	59	69	51	32	32	90,197
STATE TOTAL	1,116	1,149	1,094	437	435	487	344	348	350	1,406,425

Population data is individuals under age 18 based upon the Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990 to 1997, Population Estimates Program, Population Division, U.S. Bureau of the Census, July 1997.

Appendix 5. Missouri Incident Child Deaths (Age less than 18) by Age, Sex, and Race

Characteristic	All Deaths			Reviewed Deaths			Injury Deaths		
	1995	1996	1997	1995	1996	1997	1995	1996	1997
Age of Child									
0	599	631	600	165	155	167	27	25	31
1	41	53	37	21	28	22	13	23	11
2	38	28	28	23	15	19	21	8	17
3	20	18	27	10	13	20	9	10	14
4	14	23	23	4	14	21	7	15	16
5	16	19	23	6	8	14	9	10	13
6	19	17	16	7	11	4	8	7	3
7	19	9	20	9	6	13	8	8	11
8	10	17	10	6	6	7	5	7	4
9	12	15	14	3	5	9	4	4	8
10	17	16	17	9	10	9	7	9	10
11	24	26	22	13	12	8	15	11	12
12	23	20	16	13	11	14	9	14	10
13	27	25	20	13	14	16	17	13	14
14	35	37	30	22	24	20	23	29	16
15	52	44	39	28	29	29	37	34	29
16	72	72	71	43	36	46	64	56	62
17	78	79	81	42	38	49	61	65	69
	1,116	1,149	1,094	437	435	487	344	348	350
Sex of Child									
Male	685	691	645	292	273	306	243	220	226
Female	431	458	447	145	162	181	101	128	124
Unknown	0	0	2	0	0	0	0	0	0
	1,116	1,149	1,094	437	435	487	344	348	350
Race of Child									
White	775	833	774	283	292	322	246	266	258
Black	307	293	298	149	136	157	91	74	84
Other	27	23	22	5	7	8	7	8	8
Unknown	7	0	0	0	0	0	0	0	0
	1,116	1,149	1,094	437	435	487	344	348	350

Appendix 6. Child Fatality Review Deathscene Checklist



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
MISSOURI CHILD FATALITY REVIEW PROGRAM

615 HOWERTON COURT
JEFFERSON CITY, MO 65109
(314) 751-5980
(800) 487-1626

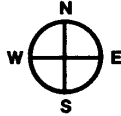
DEATH-SCENE INVESTIGATIVE CHECKLIST FOR CHILD FATALITIES

(CORONER/MEDICAL EXAMINER SHOULD PREPARE AND SUBMIT TO CERTIFIED CHILD DEATH PATHOLOGIST PRIOR TO AUTOPSY.)				
INSTRUCTIONS: Complete each numbered item by providing the appropriate response and by marking the completed or <u>not</u> completed box in the left-hand margin. Make every attempt to obtain as much information as possible. For assistance, call (800) 487-1626.				
<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> NOT COMPLETED 1. <input type="checkbox"/> </div>	NAME OF DECEDENT: (FIRST) / (MI) / (LAST)		RACE <input type="checkbox"/> W = WHITE <input type="checkbox"/> B = BLACK <input type="checkbox"/> O = OTHER <input type="checkbox"/> U = UNKNOWN	
	DATE OF BIRTH (MM/DD/YY):		DATE OF DEATH (MM/DD/YY):	
	SCENE/EVENT ADDRESS (STREET, CITY, ZIP)		COUNTY OF SCENE/EVENT:	
	DECEDENT DISCOVERED BY (NAME):		DATE DISCOVERED (MM/DD/YY):	
	RELATIONSHIP TO DECEDENT:		DATE SCENE INVESTIGATION CONDUCTED (MM/DD/YY):	
	DEATH-SCENE PHOTOGRAPHS OF DECEDENT OR SILHOUETTE TAKEN BY (NAME & TITLE):			
	DATE PHOTOS TAKEN (MM/DD/YY)?	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	PRESENT LOCATION OF FILM/NEGATIVES/PRINTS:	
	WHO PRONOUNCED DECEDENT DEAD (NAME & TITLE)?		WHERE PRONOUNCED (HOME, MEDICAL FACILITY, ETC.)	
	DFS HISTORY CHECKED BY (NAME & TITLE)?	DATE (MM/DD/YY):	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	CERTIFIED CHILD-DEATH PATHOLOGIST CONSULTED (NAME)?		AUTOPSY REQUESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	BODY DELIVERED TO PATHOLOGIST BY (NAME & TITLE):		DATE DELIVERED (MM/DD/YY)	
	INVESTIGATOR(S) (NAME & TITLE):			
	INVESTIGATING AGENCY/DEPARTMENT		REPORT NUMBER	
	ASSESSMENT OF HISTORY AND CIRCUMSTANCES			
	2. <input type="checkbox"/>	MEDICAL ASSISTANCE SUMMONED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		IF YES, WHO WAS SUMMONED?
WHO PLACED THE CALL (NAME & RELATIONSHIP)?		DATE (MM/DD/YY):		
3. <input type="checkbox"/>	CONVEYED TO MEDICAL FACILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		BY WHOM (NAME & TITLE OF RELATIONSHIP)?	
	NAME AND ADDRESS OF MEDICAL FACILITY:			
4. <input type="checkbox"/>	WAS DECEDENT PHOTOGRAPHED AT MEDICAL FACILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN			
	PHOTOS TAKEN BY (NAME & TITLE):			
	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE (MM/DD/YY):	PRESENT LOCATION OF FILM/NEGATIVES/PRINTS:	
5. <input type="checkbox"/>	RESUSCITATION BY EMS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		ANYONE ELSE (NAME & RELATIONSHIP)?	
	IF NOT EMS, WAS PERSON CPR CERTIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN			
	WHERE WAS RESUSCITATION INITIATED (HOME, NEIGHBOR'S HOME, HOSPITAL, ETC.)?		FOR HOW LONG?	
	DESCRIBE IN DETAIL, LOCATION WHERE DECEDENT WAS FOUND (BED, FLOOR, HOUSE, YARD, VEHICLE, TRASH CONTAINER, ETC.):			
6. <input type="checkbox"/>				

Appendix 6. Child Fatality Review Deathscene Checklist

7. <input type="checkbox"/> <input type="checkbox"/>	Describe anything unusual found on or around the body, especially anything that may have influenced the death (medicine, baby bottle, cleaning agent, bed clothing, etc.).		
	SEIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	IF YES, BY WHOM (NAME & TITLE)?	PRESENT LOCATION OF EVIDENCE:
8. <input type="checkbox"/> <input type="checkbox"/>	WAS DECEDENT MOVED FROM ORIGINAL POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		MOVED BY WHOM (NAME AND RELATIONSHIP)?
	WHY MOVED?		
9. <input type="checkbox"/> <input type="checkbox"/>	RIGOR MORTIS (RIGIDITY) <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	WHERE OBSERVED ON DECEDENT?	DATE OBSERVED (MM/DD/YY): ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	(DO NOT ATTEMPT TO MOVE OR STRAIGHTEN FIXED EXTREMITIES)		
10. <input type="checkbox"/> <input type="checkbox"/>	LIVOR MORTIS (SETTLING OF BLOOD)? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	WHERE OBSERVED ON DECEDENT?	
	TIME OBSERVED: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM	CONSISTENT WITH POSITION WHEN FOUND? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
11. <input type="checkbox"/> <input type="checkbox"/>	APPROXIMATE ENVIRONMENTAL TEMPERATURE AT LOCATION OF DEATH (IN FAHRENHEIT DEGREES)? ____ °		TIME OBSERVED: <input type="checkbox"/> AM <input type="checkbox"/> PM
	DATE OBSERVED (MM/DD/YY):		
	IF OUTSIDE, GENERAL WEATHER CONDITIONS: <input type="checkbox"/> RAINING <input type="checkbox"/> SNOWING <input type="checkbox"/> SUNNY <input type="checkbox"/> OTHER: (DESCRIBE) _____		
12. <input type="checkbox"/> <input type="checkbox"/>	TO THE TOUCH, APPARENT BODY TEMPERATURE OF DECEDENT AT LOCATION OF DEATH? <input type="checkbox"/> WARM <input type="checkbox"/> SWEATY <input type="checkbox"/> COLD		DATE OBSERVED (MM/DD/YY): ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
13. <input type="checkbox"/> <input type="checkbox"/>	DATE DECEDENT LAST SEEN ALIVE (MM/DD/YY)?	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	BY WHOM (NAME & RELATIONSHIP)?
	WHAT WAS THE CONDITION OF THE DECEDENT WHEN LAST SEEN ALIVE?		
14. <input type="checkbox"/> <input type="checkbox"/>	WAS DEATH WITNESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		IF YES, BY WHOM (NAME & RELATIONSHIP)? DESCRIBE DETAILS IN NARRATIVE SECTION.
15. <input type="checkbox"/> <input type="checkbox"/>	WHAT WAS THE DECEDENT'S ACTIVITY PRIOR TO DEATH (e.g., SLEEPING, PLAYING, ETC.)?		
16. <input type="checkbox"/> <input type="checkbox"/>	APPEARANCE OF DECEDENT WHEN OBSERVED: <input type="checkbox"/> CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> OTHER:		
	DESCRIBE:		
17. <input type="checkbox"/> <input type="checkbox"/>	CLOTHING WORN? <input type="checkbox"/> CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> TORN OR DAMAGED		APPROPRIATE? <input type="checkbox"/> NO <input type="checkbox"/> YES
	DESCRIBE:		
18. <input type="checkbox"/> <input type="checkbox"/>	CLOTHING SEIZED AND PACKAGED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		IF YES, BY WHOM (NAME & TITLE)?
	PRESENT LOCATION OF EVIDENCE:		
19. <input type="checkbox"/> <input type="checkbox"/>	BODY POSITION WHEN DISCOVERED: <input type="checkbox"/> ON STOMACH <input type="checkbox"/> ON BACK <input type="checkbox"/> SEATED UPRIGHT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE		IF APPLICABLE, BODY WAS: <input type="checkbox"/> VERTICALLY PINNED <input type="checkbox"/> HORIZONTALLY PINNED <input type="checkbox"/> OTHER WEDGING <input type="checkbox"/> N/A
	PINNED OR WEDGED BY WHAT?		
20. <input type="checkbox"/> <input type="checkbox"/>	USUAL SLEEPING POSITION? <input type="checkbox"/> ON STOMACH <input type="checkbox"/> ON BACK <input type="checkbox"/> SEATED UPRIGHT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE		
21. <input type="checkbox"/> <input type="checkbox"/>	POSITION OF FACE (NOSE/MOUTH) WHEN DISCOVERED: <input type="checkbox"/> FACE DIRECTLY UP <input type="checkbox"/> FACE TO RIGHT <input type="checkbox"/> FACE DIRECTLY DOWN <input type="checkbox"/> FACE TO LEFT		WERE PHOTOS TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN
	IF PHOTOS TAKEN, WHO TOOK THEM (NAME & TITLE)?	DATE (MM/DD/YY):	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
		PRESENT LOCATION OF FILM/NEGATIVES/PRINTS:	
22. <input type="checkbox"/> <input type="checkbox"/>	WAS DECEDENT'S FACE IN CONTACT WITH WET SUBSTANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		SUBSTANCE APPEARED TO BE: <input type="checkbox"/> MUCUS <input type="checkbox"/> VOMIT <input type="checkbox"/> BLOODY FROTH <input type="checkbox"/> FOOD <input type="checkbox"/> SALIVA <input type="checkbox"/> DRIED SECRETION <input type="checkbox"/> FORMULA <input type="checkbox"/> FROTH <input type="checkbox"/> BLOOD TINGED SECRETION OTHER: _____

Appendix 6. Child Fatality Review Deathscene Checklist

23. <input type="checkbox"/> <input type="checkbox"/>	SUBSTANCE OBSERVED IN NOSE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	SUBSTANCE APPEARED TO BE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MUCUS <input type="checkbox"/> VOMIT <input type="checkbox"/> FOOD <input type="checkbox"/> SALIVA <input type="checkbox"/> FORMULA <input type="checkbox"/> FROTH </div> <div> <input type="checkbox"/> BLOODY FROTH <input type="checkbox"/> DRIED SECRETION <input type="checkbox"/> BLOOD TINGED SECRETION </div> <div> OTHER: _____ _____ </div> </div>		
24. <input type="checkbox"/> <input type="checkbox"/>	SUBSTANCE OBSERVED IN MOUTH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	SUBSTANCE APPEARED TO BE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MUCUS <input type="checkbox"/> VOMIT <input type="checkbox"/> FOOD <input type="checkbox"/> SALIVA <input type="checkbox"/> FORMULA <input type="checkbox"/> FROTH </div> <div> <input type="checkbox"/> BLOODY FROTH <input type="checkbox"/> DRIED SECRETION <input type="checkbox"/> BLOOD TINGED SECRETION </div> <div> OTHER: _____ _____ </div> </div>		
25. <input type="checkbox"/> <input type="checkbox"/>	ANYTHING OBSTRUCTING FACE, NOSE OR MOUTH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, DESCRIBE _____		
26. <input type="checkbox"/> <input type="checkbox"/>	SECRETIONS FOUND ON: <input type="checkbox"/> PILLOW <input type="checkbox"/> BLANKET <input type="checkbox"/> SHEET <input type="checkbox"/> MATTRESS <input type="checkbox"/> CLOTHING <input type="checkbox"/> OTHER: _____		
	APPEARED TO BE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MUCUS <input type="checkbox"/> VOMIT <input type="checkbox"/> FOOD <input type="checkbox"/> SALIVA <input type="checkbox"/> FORMULA <input type="checkbox"/> FROTH </div> <div> <input type="checkbox"/> BLOODY FROTH <input type="checkbox"/> DRIED SECRETION <input type="checkbox"/> BLOOD TINGED SECRETION </div> <div> OTHER: _____ _____ </div> </div>		
27. <input type="checkbox"/> <input type="checkbox"/>	HEMORRHAGE OF EYES? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		HEMORRHAGE OF EARS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN
	DESCRIBE:		
28. <input type="checkbox"/> <input type="checkbox"/>	IS THERE A VISIBLE CREASE ON FACE, NECK OR HEAD FROM PILLOWS, CLOTHING, BEDDING, OR OTHER OBJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	EXPLAIN:		
29. <input type="checkbox"/> <input type="checkbox"/>	SKETCH POSITION OF DECEDENT AS FOUND, AND IDENTIFY IF IN BED OR OTHER IDENTIFIABLE LOCATION. (INDICATE DIRECTION OF DECEDENT'S HEAD; CIRCLE DIRECTION INDICATOR.)		
			
30. <input type="checkbox"/> <input type="checkbox"/>	If appropriate, describe bed/crib/bassinet/couch/floor/water mattress/bean bag or other sleeping arrangement including all sheets, pillows, plastic covers, blankets, defects or miscellaneous objects in or near bedding where decedent was found. NOTE: If a crib, describe any defects, damage and/or inappropriate mattress size.		
31. <input type="checkbox"/> <input type="checkbox"/>	WAS ANYTHING SEIZED? DESCRIBE: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	BY WHOM (NAME & TITLE)?	PRESENT LOCATION OF ITEM(S):
32. <input type="checkbox"/> <input type="checkbox"/>	IF SLEEPING, WAS THE DECEDENT SLEEPING ALONE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	IF NO, WHO WAS DECEDENT SLEEPING WITH? (NAME(S), RELATIONSHIP(S), AND AGE(S) NEEDED.)		

Appendix 6. Child Fatality Review Deathscene Checklist

33. <input type="checkbox"/> <input type="checkbox"/>	ANY POSSIBILITY OF OVERLAYING? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	IF YES, REPORTED RECENT ALCOHOL CONSUMPTION OR DRUG/MEDICINE USAGE BY PERSON SLEEPING WITH CHILD? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
34. <input type="checkbox"/> <input type="checkbox"/>	IN GENERAL, DO LIVING CONDITIONS APPEAR OVERCROWDED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN EXPLAIN:	
35. <input type="checkbox"/> <input type="checkbox"/>	IF ANY INJURY IS NOTED, HOW IS IT ALLEGED TO HAVE OCCURRED?	
36. <input type="checkbox"/> <input type="checkbox"/>	Fully describe any indications of trauma or injury including bruises, scrapes, cuts, rashes, burn marks, swelling, etc. Include colors, shapes, sizes and locations on body. (If not at scene, indicate location where body viewed?)	
37. <input type="checkbox"/> <input type="checkbox"/>	IF INJURY WAS INFLICTED, APPARENT OBJECT OR WEAPON USED? WAS OBJECT SEIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	WHO INFLICTED INJURY (NAME & RELATIONSHIP)? SEIZED BY WHOM (NAME & TITLE)?
	PRESENT LOCATION OF OBJECT/WEAPON:	
38. <input type="checkbox"/> <input type="checkbox"/>	IF INJURY RESULTED FROM A FALL, DESCRIBE WHAT DECEDENT FELL FROM, THE DISTANCE OF THE FALL AND SURFACE DECEDENT FELL ON (CARPET, CONCRETE, GROUND, ETC.). USE NARRATIVE SECTION, IF NECESSARY.	
39. <input type="checkbox"/> <input type="checkbox"/>	IF INJURY RESULTED FROM A BURN, DESCRIBE APPARENT CAUSE (HOT WATER, CIGARETTE, CHEMICAL, ETC.):	
40. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT HAD OTHER SERIOUS INJURIES DURING THE LAST YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN EXPLAIN:	
41. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT HAD A RECENT ILLNESS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN EXPLAIN:	


Appendix 6. Child Fatality Review Deathscene Checklist

42. <input type="checkbox"/> <input type="checkbox"/>	Has decedent been exposed to any contagious disease recently? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, explain: _____ _____ Symptoms Noted: <table border="0"> <tr> <td><input type="checkbox"/> Appetite change</td> <td><input type="checkbox"/> Wheezes</td> <td><input type="checkbox"/> Fussy</td> </tr> <tr> <td><input type="checkbox"/> Sniffles</td> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Cold</td> <td><input type="checkbox"/> Irritability</td> <td><input type="checkbox"/> Runny nose</td> </tr> <tr> <td><input type="checkbox"/> Congestion</td> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> None noted</td> </tr> <tr> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> How high? _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Appetite change	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Fussy	<input type="checkbox"/> Sniffles	<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Cold	<input type="checkbox"/> Irritability	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Congestion	<input type="checkbox"/> Other: _____	<input type="checkbox"/> None noted	<input type="checkbox"/> Fever	<input type="checkbox"/> How high? _____	
<input type="checkbox"/> Appetite change	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Fussy																
<input type="checkbox"/> Sniffles	<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea																
<input type="checkbox"/> Cold	<input type="checkbox"/> Irritability	<input type="checkbox"/> Runny nose																
<input type="checkbox"/> Congestion	<input type="checkbox"/> Other: _____	<input type="checkbox"/> None noted																
<input type="checkbox"/> Fever	<input type="checkbox"/> How high? _____																	
43. <input type="checkbox"/> <input type="checkbox"/>	WAS DECEDENT TAKEN FOR TREATMENT FOR PREVIOUS SYMPTOMS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN WHERE WAS TREATMENT RECEIVED (NAME OF FACILITY)? _____ WHO PROVIDED TREATMENT (NAME & TITLE)? _____ IF YES, WHAT DIAGNOSIS WAS RENDERED? _____																	
44. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT BEEN ON MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, NAME OF MEDICATION: _____ HAS DECEDENT RECEIVED RECENT IMMUNIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, WHAT TYPE? _____ IF YES, NAME OF MEDICAL PRACTITIONER/CLINIC: _____																	
45. <input type="checkbox"/> <input type="checkbox"/>	ANY KNOWN ALLERGIES OR PREVIOUS REACTIONS TO SHOTS OR MEDICATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, EXPLAIN: _____																	
46. <input type="checkbox"/> <input type="checkbox"/>	WHEN HAD DECEDENT LAST EATEN? DATE (MMD/DD/YY): _____ TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM WHAT WAS EATEN OR INGESTED? _____ QUANTITY EATEN? _____ ANY FEEDING/EATING DIFFICULTIES (PAST OR RECENT)? Describe: _____ _____																	
47. <input type="checkbox"/> <input type="checkbox"/>	ANY KNOWN FOOD INTOLERANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, WHAT FOODS? _____																	
48. <input type="checkbox"/> <input type="checkbox"/>	IF INFANT, WAS DECEDENT BREAST FED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN FORMULA FED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES: FORMULA BRAND: _____																	
49. <input type="checkbox"/> <input type="checkbox"/>	HAD DECEDENT RECEIVED ANY OF THE FOLLOWING WITHIN THE LAST 48 HOURS? <table border="0"> <tr> <td><input type="checkbox"/> COW'S MILK</td> <td><input type="checkbox"/> GOAT'S MILK</td> <td><input type="checkbox"/> HONEY</td> </tr> <tr> <td><input type="checkbox"/> WATERED DOWN FORMULA</td> <td><input type="checkbox"/> UNKNOWN</td> <td>OTHER: _____</td> </tr> </table>			<input type="checkbox"/> COW'S MILK	<input type="checkbox"/> GOAT'S MILK	<input type="checkbox"/> HONEY	<input type="checkbox"/> WATERED DOWN FORMULA	<input type="checkbox"/> UNKNOWN	OTHER: _____									
<input type="checkbox"/> COW'S MILK	<input type="checkbox"/> GOAT'S MILK	<input type="checkbox"/> HONEY																
<input type="checkbox"/> WATERED DOWN FORMULA	<input type="checkbox"/> UNKNOWN	OTHER: _____																
50. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT BEEN UNDER ROUTINE CARE OF A MEDICAL PRACTITIONER? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, PRACTITIONER'S NAME/CLINIC: _____ DESCRIBE CHILD'S GENERAL TEMPERAMENT (e.g., COLICKY, FUSSY, HYPERACTIVE, QUIET, ETC.): _____																	
51. <input type="checkbox"/> <input type="checkbox"/>	Name, age, and any known serious medical conditions of natural parents: Mother (include maiden name): _____ Father: _____																	

Appendix 6. Child Fatality Review Deathscene Checklist

52. <input type="checkbox"/> <input type="checkbox"/>	WHO DOES DECEDENT LIVE WITH IF DIFFERENT FROM PARENT(S) (NAME, ADDRESS & RELATIONSHIP)?	
53. <input type="checkbox"/> <input type="checkbox"/>	NAME, AGE, DOB AND ANY KNOWN SERIOUS HEALTH CONDITIONS OF SIBLINGS?	
54. <input type="checkbox"/> <input type="checkbox"/>	WHO ARE THE DECEDENT'S REGULAR PLAYMATES (NAMES & ADDRESSES)?	
55. <input type="checkbox"/> <input type="checkbox"/>	IF PARENT(S) EMPLOYED, WHO ROUTINELY PROVIDED CHILD CARE FOR THE DECEDENT (NAME/ADDRESS/RELATIONSHIP)?	
	WAS SIBLING RESPONSIBLE FOR CARING FOR THE DECEDENT AT TIME OF DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	IF YES, WHICH SIBLING(S)?
56. <input type="checkbox"/> <input type="checkbox"/>	KNOWN MATERNAL PRE-NATAL HEALTH PROBLEMS (DIABETES, HYPERTENSION, ETC.)?	
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	IF YES, DESCRIBE:	
	WAS MOTHER TAKING PRESCRIPTION MEDICATION FOR ABOVE MEDICAL CONDITION DURING PREGNANCY?	
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	IF YES, WHAT TYPE MEDICATION?	
57. <input type="checkbox"/> <input type="checkbox"/>	PRE-NATAL MATERNAL CIGARETTE, ALCOHOL OR DRUG USAGE?	
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	IF YES:	
	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> CIGARETTES <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> COCAINE OTHER: _____	
58. <input type="checkbox"/> <input type="checkbox"/>	KNOWN COMPLICATIONS OF PREGNANCY OR DELIVERY?	
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	IF YES, EXPLAIN:	
	LOCATION OF BIRTH AND NAME OF ATTENDING MEDICAL PRACTITIONER:	
59. <input type="checkbox"/> <input type="checkbox"/>	BIRTH DEFECTS OR OTHER ABNORMALITIES OF DECEDENT AT BIRTH; DESCRIBE:	
60. <input type="checkbox"/> <input type="checkbox"/>	ANY FAMILY HISTORY OF SIDS OR OTHER INFANT DEATH?	
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	IF YES, DESCRIBE DETAILS INCLUDING DATE OF DEATH & LOCATION OF OCCURRENCE:	
	FAMILY MEMBER OR OTHER CARE GIVER WITH KNOWN HISTORY OF AIDS?	
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	IF YES, PROVIDE NAME AND RELATIONSHIP:	

Appendix 6. Child Fatality Review Deathscene Checklist

NARRATIVE			
61. <input type="checkbox"/> <input type="checkbox"/>	Provide additional comments (to include name(s) and pedigree(s) of all persons and responders at scene), continued answers to questions (include question number being responded to) or any other information pertinent to the death scene investigation. Use additional pages as needed.		
	SIGNATURE OF INVESTIGATOR:		PHONE NUMBER
			DATE (MM/DD/YY):

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Appendix 7. Child Fatality Review Panel Data Form 1



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
CORONER/MEDICAL EXAMINER DATA REPORT
TO BE COMPLETED FOR ALL CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM 1
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID	CA/N INCIDENT NO.	
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

INSTRUCTIONS

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age. If county of illness/injury/event is different from county of death, complete form with all known information before forwarding to coroner or medical examiner of county of illness/injury/event. Notify the panel chairperson of the death. Complete the form with all known information and forward to the panel chairperson for signature.

A. IDENTIFICATION INFORMATION

1. a. <input type="checkbox"/> Illness/injury/event is in Missouri. Complete all sections of Form 1. b. <input type="checkbox"/> Illness/injury/event occurred out-of-state, but death occurred in Missouri. Complete Section A only.			
2. COUNTY OF RESIDENCE	STATE USE ONLY	3. COUNTY OF ILLNESS/INJURY/EVENT	STATE USE ONLY
4. COUNTY OF DEATH		STATE USE ONLY	
5. DECEDENT'S NAME (FIRST, MI, LAST)		6. DATE OF BIRTH (MM/DD/YY)	7. DATE OF DEATH (MM/DD/YY)
8. SEX a. <input type="checkbox"/> MALE b. <input type="checkbox"/> FEMALE		9. RACE a. <input type="checkbox"/> WHITE b. <input type="checkbox"/> BLACK c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE e. <input type="checkbox"/> UNKNOWN	10. IS DECEDENT OF HISPANIC ORIGIN? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO
11. MOTHER'S NAME (FIRST, MAIDEN, LAST)			12. MOTHER'S DATE OF BIRTH

B. INDICATIONS FOR REVIEW — (ALL DEATHS)

1. Mark **all** that apply to this fatality. If one or more indicators are applicable, RSMo. 210.192 requires that the case **shall be referred** to the panel.

a. <input type="checkbox"/> Sudden, unexplained death, age <1 year	m. <input type="checkbox"/> Drowning
b. <input type="checkbox"/> Unexplained/undetermined manner	n. <input type="checkbox"/> Suffocation or strangulation
c. <input type="checkbox"/> DFS reports on decedent or other persons in the residence	o. <input type="checkbox"/> Poison/chemical/drug ingestion
d. <input type="checkbox"/> Decedent in DFS custody	p. <input type="checkbox"/> Severe unexplained injury
e. <input type="checkbox"/> Possible inadequate supervision	q. <input type="checkbox"/> Pedestrian/bicycle/driveway injury
f. <input type="checkbox"/> Possible malnutrition or delay in seeking medical care	r. <input type="checkbox"/> Drug/alcohol-related vehicular injury
g. <input type="checkbox"/> Possible suicide	s. <input type="checkbox"/> Suspected sexual assault
h. <input type="checkbox"/> Possible inflicted injury	t. <input type="checkbox"/> Fire injury
i. <input type="checkbox"/> Firearm injury	u. <input type="checkbox"/> Autopsy by certified child death pathologist
j. <input type="checkbox"/> Injury not witnessed by person in charge at time of injury	v. <input type="checkbox"/> Panel discretion
k. <input type="checkbox"/> Confinement	w. <input type="checkbox"/> Other suspicious findings (injuries such as electrocution, crush or fall)
l. <input type="checkbox"/> Suspicious/criminal activity	

2. Referral to Panel (Mark one)

a. ☐ One or more of the indicators marked above apply in this fatality. The case **shall be referred** to the review panel.
b. ☐ None of the indicators listed apply in this fatality. The case is not referred to the panel.

C. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)

Notify Child Abuse/Neglect Hotline of all deaths of children <18 years of age.

1. Were there prior reports to the Child Abuse/Neglect Hotline? a. ☐ Yes b. ☐ No
If yes, mark all that apply:

1. <input type="checkbox"/> Involving child	3. <input type="checkbox"/> Involving caretaker (other than family)
2. <input type="checkbox"/> Involving anyone else in family	4. <input type="checkbox"/> Total number of DFS reports _____

2. Current notification to Child Abuse/Neglect Hotline was accepted as:

a. ☐ Information/Referral only b. ☐ Report for investigation c. ☐ Unknown

Appendix 7. Child Fatality Review Panel Data Form 1

D. SOCIAL INFORMATION

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

A = 0-5 yrs.

B = 6-9 yrs.

C = 10-14 yrs.

D = 15-18 yrs.

E = 19-40 yrs.

F = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)	_____	

2. Current marital status of head of household?

- a. ☐ Married
b. ☐ Widowed

- c. ☐ Divorced
d. ☐ Never married

- e. ☐ Unknown

E. DEATH/SCENE INFORMATION

1. Place of death?

- a. ☐ Decedent's home
b. ☐ Other home
c. ☐ Rural road
d. ☐ Highway

- e. ☐ Public drive
f. ☐ Street
g. ☐ Private drive
h. ☐ Farm

- i. ☐ Other private property
j. ☐ Licensed child care facility
k. ☐ Unlicensed child care facility
l. ☐ Child care residential facility

- m. ☐ Body of water
n. ☐ Work place
o. ☐ Hospital
p. ☐ Other: _____

2. Date of injury/event?

a. ☐ ____ / ____ / ____ (MM/DD/YY)

b. ☐ Unknown

3. Time of injury/event?

a. ☐ ____ : ____ (Hour:Minute) ☐ AM ☐ PM

b. ☐ Unknown

4. Time pronounced dead?

a. ☐ ____ : ____ (Hour:Minute) ☐ AM ☐ PM

b. ☐ Unknown

5. Was an autopsy performed? a. ☐ Yes b. ☐ No c. ☐ Unknown

If yes:

1. ☐ By CFRP pathologist?
2. ☐ By hospital physician?

(NOTE: Autopsies performed by non-certified child pathologists are limited to hospital deaths resulting from a **known** medical condition/illness.)

3. Name of CFRP pathologist? (Last name only) _____

F. SUPERVISION

1. Who was in charge of watching the decedent at the time of injury/event?

- a. ☐ Natural father
b. ☐ Natural mother
c. ☐ Adoptive father
d. ☐ Adoptive mother
e. ☐ Stepfather
f. ☐ Stepmother

- g. ☐ Foster father
h. ☐ Foster mother
i. ☐ Other relative
j. ☐ Parent's male paramour
k. ☐ Parent's female paramour
l. ☐ Licensed babysitter/child care worker

- m. ☐ Unlicensed babysitter/child care worker
n. ☐ Child, age: _____
o. ☐ Hospital staff
p. ☐ Other non-relative
q. ☐ No one in charge of watching
r. ☐ Due to age, no one in charge

2. Was the decedent adequately supervised? a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

3. Was injury/event witnessed by at least one person? a. ☐ Yes b. ☐ No c. ☐ Unknown

Appendix 7. Child Fatality Review Panel Data Form 1

G. CAUSE OF DEATH

(Select most appropriate cause of death and if applicable, complete Section H)

1. ☐ INJURY (Complete questions 1 and 2 for all injuries)

1. Was the injury inflicted? a. ☐ Yes b. ☐ No c. ☐ Unknown
(Inflicted - defined as assaultive or aggressive action)
2. Was the injury intentional? a. ☐ Yes b. ☐ No c. ☐ Unknown

If vehicle accident, non-reviewable, answer questions 3 through 9. If reviewable vehicle accident (pedestrian/bicycle/driveway injury, drug/alcohol related or other suspicious/criminal activity), skip the following questions and complete Section H.

3. Position of decedent?
a. ☐ Operator c. ☐ Other
b. ☐ Passenger d. ☐ Unknown
4. Vehicle in which decedent was occupant?
a. ☐ Car c. ☐ Motorcycle/ATV e. ☐ Semi/Tractor trailer unit
b. ☐ Truck/RV/Van d. ☐ Farm vehicle f. ☐ Other
5. Was another vehicle involved in accident? a. ☐ Yes b. ☐ No
6. Condition of road?
a. ☐ Normal c. ☐ Wet e. ☐ Other
b. ☐ Loose gravel d. ☐ Ice or snow f. ☐ Unknown
7. Restraint used by decedent?
a. ☐ Present, not used c. ☐ Used correctly e. ☐ Unknown
b. ☐ None in vehicle d. ☐ Used incorrectly f. ☐ Not applicable
8. Helmet used by decedent?
a. ☐ Helmet worn b. ☐ Helmet not worn c. ☐ Not applicable
9. Primary cause of accident?
a. ☐ Speeding c. ☐ Mechanical failure e. ☐ Driver error
b. ☐ Carelessness d. ☐ Weather conditions f. ☐ Other

2. ☐ ILLNESS OR OTHER NATURAL CAUSE

1. Known condition _____
2. Was inadequate care or neglect involved in death? a. ☐ Yes b. ☐ No
(If yes, mark Section H, Number 2)

Complete questions 3 - 8 if death in infant <1 year of age.

3. History information provided by? a. ☐ Parent b. ☐ Physician/Medical facility c. ☐ Other
4. Age at death?
a. ☐ 0 - 24 hours after birth c. ☐ 48 hours - 6 weeks e. ☐ 6 months - 1 year
b. ☐ 24 - 48 hours d. ☐ 6 weeks - 6 months
5. Gestational age?
a. ☐ <25 weeks b. ☐ 25 - 30 weeks c. ☐ 30-37 weeks d. ☐ >37 weeks e. ☐ Unknown
6. Birth weight in grams (approximate lbs./oz.)?
a. ☐ <750 (<1 lb. 10 oz.) c. ☐ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e. ☐ Unknown
b. ☐ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d. ☐ >2,500 (>5 lbs. 6 oz.)
7. Multiple birth? a. ☐ Yes b. ☐ No
8. Have there been other infant deaths in the immediate family? a. ☐ Yes b. ☐ No c. ☐ Unknown

3. ☐ UNKNOWN CAUSE (Describe in narrative. Death shall be reviewed.)

1. Was death sudden and unexplained in infant <1 year of age? a. ☐ Yes b. ☐ No
If yes, also complete Section G, Number 2, questions 3 - 8 and mark Section H, Number 1.

Appendix 7. Child Fatality Review Panel Data Form 1

H. CIRCUMSTANCES OF DEATH

If any of the circumstances are applicable, death shall be reviewed.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Sudden Unexplained Death of Infant <1 Year | 8. <input type="checkbox"/> Fall Injury |
| 2. <input type="checkbox"/> Inadequate Care or Neglect | 9. <input type="checkbox"/> Poisoning/Overdose |
| 3. <input type="checkbox"/> Vehicular
(Includes pedestrian/bicycle/driveway injury, drug/alcohol related, or other suspicious/criminal activity) | 10. <input type="checkbox"/> Fire/Burn |
| 4. <input type="checkbox"/> Drowning | 11. <input type="checkbox"/> Crush |
| 5. <input type="checkbox"/> Firearm | 12. <input type="checkbox"/> Confinement |
| 6. <input type="checkbox"/> Suffocation/Strangulation | 13. <input type="checkbox"/> Shaken/Impact Syndrome |
| 7. <input type="checkbox"/> Electrocution | 14. <input type="checkbox"/> Other Inflicted Injury
(Describe in narrative) |
| | 15. <input type="checkbox"/> Other Circumstances
(Describe in narrative) |

I. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS

J. PREVENTION

- To what degree was this death believed to be preventable?
(Preventable death is defined as one in which awareness/education/action by an individual or the community may have changed the circumstances that led to death.)
a. ☐ Not at all b. ☐ Possibly c. ☐ Definitely
- Primary risk factors involved in the child's death? (Mark all that apply)
a. ☐ Medical c. ☐ Economic e. ☐ Environmental g. ☐ Drugs or alcohol
b. ☐ Social d. ☐ Behavioral f. ☐ Product safety h. ☐ Other
- Were these risk factors identified in your community prior to the death? a. ☐ Yes b. ☐ No
- Was any action taken in your community to address the risk factors prior to this death? a. ☐ Yes b. ☐ No
- Could the family or child have taken actions to reduce the risk?
a. ☐ Yes b. ☐ No c. ☐ Unknown
- What actions can be taken by your community to prevent similar deaths.
a. ☐ Legislation, law or ordinance f. ☐ Public forums
b. ☐ Community safety project g. ☐ News services
c. ☐ Product safety action h. ☐ Changes in agency practice
d. ☐ Educational activities in school i. ☐ Other programs or activities
e. ☐ Educational activities in the media j. ☐ None

CORONER/MEDICAL EXAMINER SIGNATURE ▶	REFER TO CFRP? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO	DATE (MM/DD/YY) ____/____/____
CFRP CHAIR SIGNATURE ▶	REFER TO CFRP? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO	DATE (MM/DD/YY) ____/____/____
REGIONAL COORDINATOR SIGNATURE 		DATE (MM/DD/YY) ____/____/____

Appendix 8. Child Fatality Review Panel Data Form 2



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

CHILD FATALITY REVIEW PANEL DATA REPORT

TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM 2
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID		CAN INCIDENT NO.
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

INSTRUCTIONS

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age.

Complete the form with all known information and forward to the regional coordinator within forty-five days of the death.

A. IDENTIFICATION INFORMATION

1. COUNTY OF RESIDENCE STATE USE ONLY		2. COUNTY OF ILLNESS/INJURY/EVENT STATE USE ONLY		3. COUNTY OF DEATH STATE USE ONLY	
4. DECEDENT'S NAME (FIRST, MI, LAST) / /			5. DATE OF BIRTH (MM/DD/YY) _ _ / _ _ / _ _		6. DATE OF DEATH (MM/DD/YY) _ _ / _ _ / _ _
7. SEX a. <input type="checkbox"/> MALE b. <input type="checkbox"/> FEMALE		8. RACE a. <input type="checkbox"/> WHITE b. <input type="checkbox"/> BLACK c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE e. <input type="checkbox"/> UNKNOWN		9. IS DECEDENT OF HISPANIC ORIGIN? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO	
10. MOTHER'S NAME (FIRST, MAIDEN, LAST) / /					11. MOTHER'S DATE OF BIRTH (MM/DD/YY) _ _ / _ _ / _ _

B. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)

1. Were there prior reports to the Child Abuse/Neglect Hotline? a. ☐ Yes b. ☐ No

If yes, mark all that apply:

1. ☐ Involving child
2. ☐ Involving anyone else in family
3. ☐ Involving caretaker (other than family)
4. ☐ Total number of DFS reports _____

2. Current notification to Child Abuse/Neglect Hotline was accepted as:

a. ☐ Information/Referral only b. ☐ Report for investigation

C. SOCIAL INFORMATION

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

A = 0-5 yrs. B = 6-9 yrs. C = 10-14 yrs. D = 15-18 yrs. E = 19-40 yrs. F = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)		

2. Current marital status of head of household?

- a. ☐ Married c. ☐ Divorced e. ☐ Unknown
b. ☐ Widowed d. ☐ Never married

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D. DEATH/SCENE INFORMATION

1. Place of death?

- | | | | |
|---------------------------------------------|-------------------------------------------|-------------------------------------------------------------|-------------------------------------------|
| a. <input type="checkbox"/> Decedent's home | e. <input type="checkbox"/> Public drive | i. <input type="checkbox"/> Other private property | m. <input type="checkbox"/> Body of water |
| b. <input type="checkbox"/> Other home | f. <input type="checkbox"/> Street | j. <input type="checkbox"/> Licensed child care facility | n. <input type="checkbox"/> Work place |
| c. <input type="checkbox"/> Rural road | g. <input type="checkbox"/> Private drive | k. <input type="checkbox"/> Unlicensed child care facility | o. <input type="checkbox"/> Hospital |
| d. <input type="checkbox"/> Highway | h. <input type="checkbox"/> Farm | l. <input type="checkbox"/> Child care residential facility | p. <input type="checkbox"/> Other: _____ |

2. Date of injury/event?

- a. ☐ ___ / ___ / ___ (MM/DD/YY) b. ☐ Unknown

3. Time of injury/event?

- a. ☐ ___ : ___ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

4. Time pronounced dead?

- a. ☐ ___ : ___ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

5. Autopsy performed by?

- a. ☐ CFRP Pathologist (Last Name Only) _____
b. ☐ Not performed

E. SUPERVISION

1. Who was in charge of watching the decedent at the time of injury/event?

- | | | |
|---------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|
| a. <input type="checkbox"/> Natural father | g. <input type="checkbox"/> Foster father | m. <input type="checkbox"/> Unlicensed babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother | h. <input type="checkbox"/> Foster mother | n. <input type="checkbox"/> Child, age: _____ |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative | o. <input type="checkbox"/> Hospital staff |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Parent's male paramour | p. <input type="checkbox"/> Other non-relative |
| e. <input type="checkbox"/> Stepfather | k. <input type="checkbox"/> Parent's female paramour | q. <input type="checkbox"/> No one in charge of watching |
| f. <input type="checkbox"/> Stepmother | l. <input type="checkbox"/> Licensed babysitter/child care worker | r. <input type="checkbox"/> Due to age, no one in charge |

2. Was the decedent adequately supervised? a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

3. Was injury/event witnessed by at least one person? a. ☐ Yes b. ☐ No c. ☐ Unknown

F. PANEL FINDINGS

1. Date of first panel meeting? a. ☐ ___ / ___ / ___ (MM/DD/YY)

2. Panel members participating?

- | | | |
|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| a. <input type="checkbox"/> Coroner | e. <input type="checkbox"/> EMS | h. <input type="checkbox"/> Juvenile officer |
| b. <input type="checkbox"/> Prosecutor | f. <input type="checkbox"/> Medical examiner | i. <input type="checkbox"/> Optional member |
| c. <input type="checkbox"/> DFS worker | g. <input type="checkbox"/> Law enforcement officer | j. <input type="checkbox"/> Optional member |
| d. <input type="checkbox"/> Public health/Physician | | |

3. Total number of meetings held? a. ☐ One b. ☐ Two c. ☐ Three or more

4. Death scene investigation conducted? (Mark all that apply)

- | | | | |
|------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------------|
| a. <input type="checkbox"/> By law enforcement | c. <input type="checkbox"/> By medical examiner | e. <input type="checkbox"/> By fire investigator | g. <input type="checkbox"/> Not conducted |
| b. <input type="checkbox"/> By coroner | d. <input type="checkbox"/> By EMS | f. <input type="checkbox"/> By other agency | |

5. Investigation by law enforcement?

- a. ☐ Conducted, no arrest b. ☐ Conducted, arrest for: _____ c. ☐ Pending d. ☐ Not conducted

6. Investigation/evaluation by juvenile officer?

- a. ☐ Conducted, no action b. ☐ Conducted, juvenile court action c. ☐ Pending d. ☐ Not conducted

7. Review of records by Department of Health?

- a. ☐ Conducted, no action b. ☐ Conducted, services provided c. ☐ Pending d. ☐ Not conducted

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8. Review of history by Division of Family Services?

- a. ☐ Conducted, no action c. ☐ Conducted, case investigation e. ☐ Not conducted
b. ☐ Conducted, services provided d. ☐ Pending

9. Action by prosecutor?

- a. ☐ Suspected perpetrator, no charge filed c. ☐ Pending or in progress
b. ☐ Charge filed for: _____ d. ☐ No action

10. Review of medical/trip records by EMS?

- a. ☐ Conducted, no action b. ☐ Conducted, services provided c. ☐ Pending d. ☐ Not conducted

11. Did the review lead to additional investigation? a. ☐ Yes b. ☐ No

12. Were additional services provided as a result of the review? a. ☐ Yes b. ☐ No

13. Were changes in agency policies or practices recommended as a result of the review? a. ☐ Yes b. ☐ No

G. PERSON(S) ARRESTED/CHARGED

If no arrest or charge, go to Section H

1. Number of person(s) arrested/charged? a. ☐ One b. ☐ Two c. ☐ Three or more

2. Number of persons arrested or charged under 18 years of age?

- a. ☐ One b. ☐ Two c. ☐ Three or more d. ☐ Not applicable

3. Was one or more of the persons arrested or charged responsible for supervision of the child at time of fatal illness/injury/event?

- a. ☐ Yes b. ☐ No

4. Indicate the relationship of the person(s) arrested or charged to the decedent.

- | | | |
|---------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| a. <input type="checkbox"/> Natural father | g. <input type="checkbox"/> Foster father | m. <input type="checkbox"/> Babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother | h. <input type="checkbox"/> Foster mother | n. <input type="checkbox"/> Friend |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative | o. <input type="checkbox"/> Acquaintance |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Sibling | p. <input type="checkbox"/> Other non-relative |
| e. <input type="checkbox"/> Stepfather | k. <input type="checkbox"/> Parent's male paramour | q. <input type="checkbox"/> Other non-relative |
| f. <input type="checkbox"/> Stepmother | l. <input type="checkbox"/> Parent's female paramour | r. <input type="checkbox"/> Stranger |

H. CAUSE OF DEATH

Complete Section appropriate to death

1. ☐ INJURY (If marked, also complete Section I)

1. Was the injury inflicted? a. ☐ Yes b. ☐ No c. ☐ Unknown
(Inflicted - defined as assaultive or aggressive action)

2. Was the injury intentional? a. ☐ Intentional b. ☐ Unintentional/Accidental c. ☐ Unknown

3. If intentional, was decedent? a. ☐ Intended victim b. ☐ Random victim

4. Person(s) inflicting injury? (Mark all that apply)

- | | | | |
|----------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------|
| a. <input type="checkbox"/> Self | e. <input type="checkbox"/> Stepfather | i. <input type="checkbox"/> Other relative | m. <input type="checkbox"/> Sibling |
| b. <input type="checkbox"/> Mother | f. <input type="checkbox"/> Mother's paramour | j. <input type="checkbox"/> Acquaintance | n. <input type="checkbox"/> Other child |
| c. <input type="checkbox"/> Father | g. <input type="checkbox"/> Father's paramour | k. <input type="checkbox"/> Friend | o. <input type="checkbox"/> Stranger |
| d. <input type="checkbox"/> Stepmother | h. <input type="checkbox"/> Foster parent | l. <input type="checkbox"/> Child care worker | p. <input type="checkbox"/> Unknown |

5. Age of primary person inflicting injury? a. ☐ _____ b. ☐ Unknown

6. Race of primary person inflicting injury?

- | | | |
|-----------------------------------|------------------------------------------------------------|-------------------------------------------------|
| a. <input type="checkbox"/> White | c. <input type="checkbox"/> Asian/Pacific Islander | e. <input type="checkbox"/> Unable to determine |
| b. <input type="checkbox"/> Black | d. <input type="checkbox"/> American Indian/Alaskan Native | f. <input type="checkbox"/> Unknown |

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9. Was the injury drug related? a. ☐ Yes b. ☐ No c. ☐ Unknown
10. Was the injury gang related? a. ☐ Yes b. ☐ No c. ☐ Unknown
11. Did the injury occur during commission of a crime? a. ☐ Yes b. ☐ No c. ☐ Unknown
12. If suicide: (Mark all that apply)
- a. ☐ Prior attempts c. ☐ Had previously received mental health services
- b. ☐ Talked of suicide d. ☐ Suicide completely unexpected
- c. ☐ Prior mental health problems

2. ☐ ILLNESS OR OTHER NATURAL CAUSE
(If applicable, complete Inadequate Care or Neglect in Section I)

1. ☐ Known Condition _____

Complete questions 2 - 11 if natural cause death in infant <1 year of age (INCLUDING SIDS)

2. Age at death?
- a. ☐ 0 - 24 hours after birth c. ☐ 48 hours - 6 weeks e. ☐ 6 months - 1 year
- b. ☐ 24 - 48 hours d. ☐ 6 weeks - 6 months
3. Gestational age at birth?
- a. ☐ <25 weeks b. ☐ 25 - 30 weeks c. ☐ 30 - 37 weeks d. ☐ >37 weeks e. ☐ Unknown
4. Birth weight in grams (approximate lbs./oz.)?
- a. ☐ < 750 (<1 lb. 10 oz.) c. ☐ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e. ☐ Unknown
- b. ☐ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d. ☐ >2,500 (>5 lbs. 6 oz.)
5. Multiple birth? a. ☐ Yes b. ☐ No
6. Total number of prenatal visits?
- a. ☐ None b. ☐ 1 - 3 c. ☐ 4 - 6 d. ☐ 7 - 10 e. ☐ Unknown
7. First prenatal visit occurred during?
- a. ☐ First trimester b. ☐ Second trimester c. ☐ Third trimester d. ☐ Unknown
8. Medical complications during pregnancy? a. ☐ Yes b. ☐ No c. ☐ Unknown
9. Smoking during pregnancy? a. ☐ Yes b. ☐ No c. ☐ Unknown
10. Drug use during pregnancy? a. ☐ Yes b. ☐ No c. ☐ Unknown
11. Alcohol use during pregnancy? a. ☐ Yes b. ☐ No c. ☐ Unknown

3. ☐ UNKNOWN CAUSE (Describe in narrative)

I. CIRCUMSTANCES OF DEATH

1. ☐ SUDDEN INFANT DEATH SYNDROME (Also complete Section H-2, questions 2-11)

1. Position of decedent at discovery?
- a. ☐ On stomach, face down c. ☐ On stomach, face position unknown e. ☐ On side
- b. ☐ On stomach, face to side d. ☐ On back f. ☐ Unknown
2. Normal sleeping position?
- a. ☐ On Back b. ☐ On stomach c. ☐ On side d. ☐ Varies e. ☐ Unknown
3. Location of decedent when found?
- a. ☐ Crib b. ☐ Playpen c. ☐ Bed d. ☐ Couch e. ☐ Floor f. ☐ Other g. ☐ Unknown
4. Was decedent sleeping alone?
- a. ☐ Yes b. ☐ No c. ☐ Unknown

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2. ☐ INADEQUATE CARE OR NEGLECT (Mark all that apply)

- | | | |
|-------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| a. <input type="checkbox"/> Apparent lack of supervision | e. <input type="checkbox"/> Malnutrition | i. <input type="checkbox"/> Inadequate medical attention |
| b. <input type="checkbox"/> Apparent lack of medical care | f. <input type="checkbox"/> Dehydration | j. <input type="checkbox"/> Out-of-hospital birth |
| c. <input type="checkbox"/> Munchausen Syndrome by Proxy | g. <input type="checkbox"/> Oral water intoxication | k. <input type="checkbox"/> Other |
| d. <input type="checkbox"/> Failure to Thrive (non-organic) | h. <input type="checkbox"/> Delayed medical care | |

3. ☐ VEHICLE ACCIDENT

1. Position of decedent?

- | | | |
|----------------------------------------|---------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Operator | c. <input type="checkbox"/> Passenger | e. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Pedestrian | d. <input type="checkbox"/> Bicyclist | f. <input type="checkbox"/> Unknown |

2. Vehicle in which decedent was occupant?

- | | | | |
|------------------------------------------|------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| a. <input type="checkbox"/> Car | d. <input type="checkbox"/> Bicycle | g. <input type="checkbox"/> Other farm vehicle | j. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit | |

3. Vehicle in which decedent was not occupant?

- | | | | |
|------------------------------------------|------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| a. <input type="checkbox"/> Car | d. <input type="checkbox"/> Bicycle | g. <input type="checkbox"/> Other farm vehicle | j. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit | |

4. Condition of road?

- | | | | | | |
|------------------------------------|------------------------------------------|---------------------------------|-----------------------------------------|-----------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Normal | b. <input type="checkbox"/> Loose gravel | c. <input type="checkbox"/> Wet | d. <input type="checkbox"/> Ice or snow | e. <input type="checkbox"/> Other | f. <input type="checkbox"/> Unknown |
|------------------------------------|------------------------------------------|---------------------------------|-----------------------------------------|-----------------------------------|-------------------------------------|

5. Restraint used?

- | | | |
|-----------------------------------------------|----------------------------------------------|--------------------------------------------|
| a. <input type="checkbox"/> Present, not used | c. <input type="checkbox"/> Used correctly | e. <input type="checkbox"/> Unknown |
| b. <input type="checkbox"/> None in vehicle | d. <input type="checkbox"/> Used incorrectly | f. <input type="checkbox"/> Not applicable |

6. Helmet used?

- | | | |
|-----------------------------------------|---------------------------------------------|--------------------------------------------|
| a. <input type="checkbox"/> Helmet worn | b. <input type="checkbox"/> Helmet not worn | c. <input type="checkbox"/> Not applicable |
|-----------------------------------------|---------------------------------------------|--------------------------------------------|

7. Alcohol and/or other drug use?

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------|
| a. <input type="checkbox"/> Decedent impaired | c. <input type="checkbox"/> Driver of other vehicle impaired |
| b. <input type="checkbox"/> Driver of decedent's vehicle impaired | d. <input type="checkbox"/> Not applicable |

8. Primary cause of accident?

- | | | | |
|------------------------------------------|------------------------------------------------|------------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Speeding | c. <input type="checkbox"/> Mechanical failure | e. <input type="checkbox"/> Driver error | g. <input type="checkbox"/> Unknown |
| b. <input type="checkbox"/> Carelessness | d. <input type="checkbox"/> Weather conditions | f. <input type="checkbox"/> Other | |

4. ☐ DROWNING

1. Place of drowning?

- | | | | |
|--------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Lake, river, pond or creek | c. <input type="checkbox"/> Swimming pool | e. <input type="checkbox"/> Bucket | g. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Bathtub | d. <input type="checkbox"/> Well/Cistern | f. <input type="checkbox"/> Wading pool | h. <input type="checkbox"/> Unknown |

2. Activity at time of drowning?

- | | | |
|-----------------------------------------------------|--------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Boating | c. <input type="checkbox"/> Swimming | e. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Playing at water's edge | d. <input type="checkbox"/> Playing | f. <input type="checkbox"/> Unknown |

3. Was decedent wearing a floatation device?

- | | |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

4. Did decedent enter area of water unattended?

- | | | | |
|---------------------------------|--------------------------------|-------------------------------------|--------------------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--------------------------------------------|

5. Could decedent swim?

- | | | | |
|---------------------------------|--------------------------------|-------------------------------------|--------------------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--------------------------------------------|

6. Were alcohol or drugs a factor?

- | | |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

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5. ☐ FIREARM

1. Person handling the firearm?

- a. ☐ Decedent b. ☐ Family member c. ☐ Acquaintance d. ☐ Stranger e. ☐ Unknown

2. Type of firearm?

- a. ☐ Handgun b. ☐ Rifle c. ☐ Shotgun d. ☐ Other e. ☐ Unknown

3. Age of person handling firearm?

- a. ☐ _____ b. ☐ Unknown

4. Use of firearm at time of injury?

- a. ☐ Shooting at other person d. ☐ Target shooting g. ☐ Playing
b. ☐ Shooting at self e. ☐ Loading firearm h. ☐ Other
c. ☐ Cleaning firearm f. ☐ Hunting i. ☐ Unknown

5. Did person handling firearm attend safety classes?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

6. ☐ SUFFOCATION/STRANGULATION

1. Cause of suffocation/strangulation?

- a. ☐ Other person overlaying or rolling over decedent f. ☐ Object exerting pressure on victim's neck/chest
b. ☐ Wedging g. ☐ Small object or toy in mouth
c. ☐ Food i. ☐ Other
d. ☐ Other person's hand(s) j. ☐ Unknown
e. ☐ Object covering decedent's mouth/nose

2. If sleeping, location of decedent at the time?

- a. ☐ In crib c. ☐ In couch/chair e. ☐ In infant car seat g. ☐ Other
b. ☐ In bed d. ☐ Being held f. ☐ On floor h. ☐ Unknown

3. If sleeping, was decedent sleeping alone?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

4. If bedding was involved:

1. Was the design of bed hazardous?
a. ☐ Yes b. ☐ No c. ☐ Unknown
2. Was decedent placed on soft bedding?
a. ☐ Yes b. ☐ No c. ☐ Unknown
3. Was there improper use of bedding?
a. ☐ Yes b. ☐ No c. ☐ Unknown

7. ☐ ELECTROCUTION

1. Source of electricity?

- a. ☐ Water contact c. ☐ Electrical outlet e. ☐ Tool g. ☐ Other
b. ☐ Electrical wire d. ☐ Appliance f. ☐ Lightening h. ☐ Unknown

8. ☐ FALL INJURY

1. Fall was from?

- a. ☐ Open window c. ☐ Natural elevation e. ☐ Man-made elevation
b. ☐ Furniture d. ☐ Stairs or steps f. ☐ Other

2. Height of fall? a. ☐ # feet _____ b. ☐ Unknown

3. Landing surface composition/hardness? a. ☐ Carpet b. ☐ Concrete c. ☐ Ground d. ☐ Other

4. Was decedent in a baby walker?

- a. ☐ Yes b. ☐ No c. ☐ Not applicable

5. Was decedent thrown or pushed down?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

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9. ☐ POISONING/OVERDOSE

1. Type of poisoning?

- | | | |
|-------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| a. <input type="checkbox"/> Prescription medicine | d. <input type="checkbox"/> Illegal drug | g. <input type="checkbox"/> Food product |
| b. <input type="checkbox"/> Over-the-counter medicine | e. <input type="checkbox"/> Alcohol | h. <input type="checkbox"/> Other |
| c. <input type="checkbox"/> Chemical | f. <input type="checkbox"/> Carbon monoxide or other gas inhalation | i. <input type="checkbox"/> Unknown |

2. Was substance in safety packaging?

- a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

3. Location of drug or chemical?

- a. ☐ In closed, secured area b. ☐ In closed, unsecured area c. ☐ In open area

10. ☐ FIRE/BURN

1. If fire, the source?

- | | | | | |
|-------------------------------------|------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Matches | c. <input type="checkbox"/> Cigarette | e. <input type="checkbox"/> Explosives | g. <input type="checkbox"/> Space heater | i. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Lighter | d. <input type="checkbox"/> Combustibles | f. <input type="checkbox"/> Fireworks | h. <input type="checkbox"/> Faulty wiring | j. <input type="checkbox"/> Unknown |

2. Smoke alarm present? a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

3. Smoke alarm in working order? a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

4. Fire started by? a. ☐ Decedent b. ☐ Other c. ☐ No one d. ☐ Unknown

5. Activity of person starting fire?

- | | | | |
|-------------------------------------|---------------------------------------------|-------------------------------------|--------------------------------------------|
| a. <input type="checkbox"/> Playing | c. <input type="checkbox"/> Cooking | e. <input type="checkbox"/> Other | g. <input type="checkbox"/> Not applicable |
| b. <input type="checkbox"/> Smoking | d. <input type="checkbox"/> Suspected arson | f. <input type="checkbox"/> Unknown | |

6. Construction of fire site?

- a. ☐ Wood frame b. ☐ Brick/stone c. ☐ Metal d. ☐ Trailer e. ☐ Other f. ☐ Not applicable

7. Multiple fire injuries or deaths? a. ☐ Yes b. ☐ No

8. For structure fire, where was decedent found?

- a. ☐ Hiding b. ☐ In bed c. ☐ Stairway d. ☐ Close to exit e. ☐ Other

9. Did decedent know of a fire escape plan?

- a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

10. If burn, the source?

- a. ☐ Hot water b. ☐ Appliance c. ☐ Cigarettes d. ☐ Heater e. ☐ Chemical f. ☐ Other

11. ☐ CRUSH (Non-vehicle) (Describe in narrative)

1. Where did crush occur? a. ☐ Indoors b. ☐ Outdoors

12. ☐ CONFINEMENT

1. Place of confinement?

- | | | |
|----------------------------------------------------|----------------------------------------------|-----------------------------------|
| a. <input type="checkbox"/> Refrigerator/Appliance | c. <input type="checkbox"/> Chest/Box/Locker | e. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Motor vehicle | d. <input type="checkbox"/> Room/Building | |

13. ☐ SHAKEN/IMPACT SYNDROME

1. Prior history of abuse?

- a. ☐ Yes b. ☐ No

2. Suspected cause?

- a. ☐ Crying b. ☐ Disobedience c. ☐ Feeding difficulty d. ☐ Toilet training e. ☐ Other f. ☐ Unknown

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14. <input type="checkbox"/> OTHER INFLECTED INJURY 1. Manner of injury? a. <input type="checkbox"/> Cut/stabbed b. <input type="checkbox"/> Struck c. <input type="checkbox"/> Thrown d. <input type="checkbox"/> Other e. <input type="checkbox"/> Unknown 2. Injury inflicted with? a. <input type="checkbox"/> Sharp object (e.g., knife, scissors) c. <input type="checkbox"/> Hands/feet e. <input type="checkbox"/> Unknown b. <input type="checkbox"/> Blunt object (e.g., hammer, bat) d. <input type="checkbox"/> Other	
15. <input type="checkbox"/> OTHER CAUSE (Describe in narrative)	
J. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	
K. SERVICES PROVIDED	
1. List services provided by agencies as a result of the death. (Mark all that apply) a. <input type="checkbox"/> Bereavement counseling d. <input type="checkbox"/> Emergency shelter g. <input type="checkbox"/> Health care j. <input type="checkbox"/> No services b. <input type="checkbox"/> Economic support e. <input type="checkbox"/> Mental health services h. <input type="checkbox"/> Legal services c. <input type="checkbox"/> Funeral arrangements f. <input type="checkbox"/> Social services i. <input type="checkbox"/> Other	
L. PREVENTION	
1. To what degree was this death believed to be preventable? a. <input type="checkbox"/> Not at all b. <input type="checkbox"/> Possibly c. <input type="checkbox"/> Definitely 2. Primary risk factors involved in the child's death? (Mark all that apply) a. <input type="checkbox"/> Medical c. <input type="checkbox"/> Economic e. <input type="checkbox"/> Environmental g. <input type="checkbox"/> Drugs or alcohol b. <input type="checkbox"/> Social d. <input type="checkbox"/> Behavioral f. <input type="checkbox"/> Product safety h. <input type="checkbox"/> Other 3. Were these risk factors identified in your community prior to the death? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No 4. Was any action taken in your community to address the risk factors prior to this death? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No 5. Could the family or child have taken actions to reduce the risk? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown 6. What prevention activities have been proposed since the death? (Mark all that apply) a. <input type="checkbox"/> Legislation, law or ordinance f. <input type="checkbox"/> Consumer product safety action (800-638-8095) b. <input type="checkbox"/> Community safety project g. <input type="checkbox"/> News services c. <input type="checkbox"/> Public forums h. <input type="checkbox"/> Changes in agency practice d. <input type="checkbox"/> Educational activities in school i. <input type="checkbox"/> Other programs or activities e. <input type="checkbox"/> Educational activities in the media j. <input type="checkbox"/> None 7. Target populations for prevention activities? (Mark all that apply) a. <input type="checkbox"/> Children c. <input type="checkbox"/> Parents/Care givers e. <input type="checkbox"/> Others b. <input type="checkbox"/> General public d. <input type="checkbox"/> Child protection professionals 8. Estimated costs for prevention? a. <input type="checkbox"/> No cost involved c. <input type="checkbox"/> <\$100 e. <input type="checkbox"/> >\$500 b. <input type="checkbox"/> All services donated d. <input type="checkbox"/> \$100 - \$500 f. <input type="checkbox"/> Unknown 9. Lead organization? a. <input type="checkbox"/> Health/Medical services d. <input type="checkbox"/> Schools g. <input type="checkbox"/> Other b. <input type="checkbox"/> Social services e. <input type="checkbox"/> Mental health services c. <input type="checkbox"/> Law enforcement f. <input type="checkbox"/> Local community group	
CFRP CHAIR SIGNATURE <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	DATE (MM/DD/YY) <div style="border-bottom: 1px solid black; text-align: center;"> __ __ / __ __ / __ __ </div>
REGIONAL COORDINATOR SIGNATURE <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	DATE (MM/DD/YY) <div style="border-bottom: 1px solid black; text-align: center;"> __ __ / __ __ / __ __ </div>

**1997 COORDINATOR REGIONS
AND CHILD DEATHS PER COUNTY***

Region 1
Catheryn Smith
Appointed Volunteer
Regional Coordinator

Region 2
Cathie VanMatre
Appointed Volunteer
Regional Coordinator

Region 7
St. Louis Co.
Urban Case
Coordinator
Suzanne McCune

**Region 6
St. Louis City
Urban Case
Coordinator
Debbie McDermott**

Region 3
Dorothy Adams
Appointed Volunteer
Regional Coordinator

***CHILD DEATHS: Missouri Incidence Deaths of Children Ages < 18.**

All regional coordinators may be reached through the toll free number:

1-800-487-1626

The State Technical Assistance Team (STAT) would like to acknowledge the efforts of the Department of Social Services Research and Evaluation Unit, particularly, Scott Jenkins and Randall Wagner, in compiling the statistics for this annual report and for their ongoing responsiveness to the data needs of this unit.

This report is available at this internet address:

www.dss.state.mo.us/stat/stat.htm

For additional information about the Missouri's Child Fatality Review Program:

call: 1-573-751-5980

e-mail: dssstat@mail.state.mo.us

write to: State Technical Assistance Team

P.O. Box 88

Jefferson City, MO 65103-0088